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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please exe-	cuty to certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funding director. Page 4 should be	P to	10 FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior ta burial, crematian,
7	3 0	led.	RA
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5M 9/55

VS. A15ME(5)

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist( Not 4) (

35		
1	1. PLACE OF DEATH O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give oforest/fown)  C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
	3. NAME OF DECEASED (Type or print) Lonard Ollen	Bolen 4. DATE Month Doy Year OF DEATH // 30 196/
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.  Male Wille WIDOWED DIVORCED	Nov 28 - 1940 21 yrs. Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTS during most of working life, even if retired)  Luto Wishame	11. 8IRTHPLACE, (State or foreign dountry)  12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Typie 7, Bolin	Dora Ines Ireiner
	15. WAS DECEASED EVER N U. S. ARMED FORCES? (Yes, no, or unknown) (Types, give wor or dates of service) 16. SOCIAL SECURITY NO.	Hygyl Z Bolin 2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	Augurus Interval Between
	825× DUE TO <	
	gove rise to immediate cause (a), stating the underlying cause last.  (c)	
1	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	PRIMARY M or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (En CAUSE OF DEATH).	of injury in Port I of part I of july 18.
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While of work of work of work	E OF INJURY (Home, form, 20f. (City or town) (Caunty), (Stoted by street, office bldg., etc.)
	21. I certify that I took charge of the remains described above death resulted from Natural causes Accident 1. Suice	
	ACTUAL SIGNATURE	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
ب	EXAMINER'S ELINHARST.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, MAME OF CEMETERY OR CO	CREMATORY 22d. LOCATION (City, town, or county) (State) Remt Total Rent Mid.
	23. FUNERAL DIRECTOR'S SIGNATURE for Sims ADDRESS Composer	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE DEC 6 '61 Chilan S. Thank

A Total Income And The International Annual Agent Intelligence And the State of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death age 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

1SM 7/61

16171	ATE OF DEATH 12137
PLACE OF DEATH  a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence bafora adm
Anne Arundel MARYLAND	Maryland Anne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
Annapolis	// Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddrass)	, d. STREET ADDRESS   a. IS RESID
	732 Rosedale St YES N
ne Arundel General Hospital	732 Rosedale St. YES No.
DECEASED Type or print)	OF
Marguerite AIKEY	VADELL November 30 196
S. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24   Months   Days   Hours   F
emale White WIDOWED DIVORCED	November 12, 1901 60 yrs.
USUAL OCCUPATION (Give kind of work a gluging most of working life, avan if ratired)	TRY 11. BIRTHPLACE (County & Stale, or foreign country) 12. CITIZEN OF WHAT COU
House wie Home	Pennsylvania U.S.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HARRY - (IRAIF	Mario & Lina
WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
no, or unkown) (If yas give war or dates of service)	W. D. C. C. C. C. O. (2)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWE
PART I. DEATH WAS CAUSED BY:	ONSET AND DEA
IMMEDIATE CAUSE (a) COKOMARY OCH	USION & MINCHEDIAL INFIRET 24HOUR
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Conditions, if any, which (b)	
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Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)	PERFORM
Conditions, if any, which gave rise to immediate cause (a), stating the underlying Cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO COURT OF CO	PERFORM
Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO  cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH	PERFORM YES NO
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Conditions, if any, which gava rise to immediata causa (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING TO CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m.  While Not While 1	PERFORM YES NO
Conditions, if any, which gava rise to immediate causa (a), stating the underlying DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN CONTRIBUTING TO DEATH BUT IN CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P.	PERFORM YES NO  ED. (Enter natura of injury in Part I or Part II of item 18.)  LACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Sta
Conditions, if any, which gava rise to immediata causa (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING TO DEATH BUT NOT COUNTRIBUTING TO DEATH B	PERFORM YES NO  ED. (Enter natura of injury in Part I or Part II of item 18.)  LACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Sta
Conditions, if any, which gava rise to immediata causa (a), stating the underlying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  20a. ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCUR  OP. CONTRIBUTING [2] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURED 20e. P  While Not While at work [1] 19 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PERFORM YES NO  ED. (Enter natura of injury in Part I or Part II of item 18.)  LACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Staclory, streat, office bldg., atc.)
Conditions, if any, which gava rise to immediata causa (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CAUSE OF DEATH CORRECTION CONTRIBUTING CAUSE OF DEATH CORRECTION CONTRIBUTING CAUSE OF DEATH CORRECTION CORRECTION CONTRIBUTING CAUSE OF DEATH CORRECTION CORRECTION CONTRIBUTING CAUSE OF DEATH CORRECTION CONTRIBUTING CAUSE OF DEATH CORRECTION CONTRIBUTING COURTED CORRECTION	PERFORM YES NO  ED. (Enter natura of injury in Part I or Part II of item 18.)  LACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Staclory, streat, office bldg., atc.)  at death occured at
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Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While all work 19 more 19 m	PERFORM YES NO  ED. (Enter natura of injury in Part I or Part II of item 18.)  LACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Statedory, streat, office bldg., atc.)  1966, to Nov. 30, 19.61 that (I) 363 at death occured at
Conditions, if any, which gave rise to immediate cause (a), stating the underlying Cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While at work 19 m.m. 19 while at work 19 m.m. 19 at work 10 m.m. 19 at work 10 m.m. 19 m.m	PERFORM YES NO  ED. (Enter natura of injury in Part I or Part II of item 18.)  LACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stactory, streat, office bldg., atc.)  at death occured at
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While all work 19 more 19 m	PERFORM YES NO  ED. (Enter natura of injury in Part I or Part II of item 18.)  LACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stactory, streat, office bldg., atc.)  at death occured at
Conditions, if any, which gave rise to immediate cause (a), stating the underlying Cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN CONCRETE CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While Not While at work 19 at work	PERFORM YES NO  ED. (Enter natura of injury in Part I or Part II of item 18.)  LACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stactory, streat, office bldg., atc.)  at death occured at

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH with director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND death. b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) UNAL and give nearest town) IN d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF 4. DATE Middle Last DECEASED DEATH ages (Type or print) 6. COLOR/OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years S. SEX B. DATE OF BIRTH last birthday) DIVORCED | WIDOWED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during masteof working life, even if refired) INEERING and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊆ g physicic remove with 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17\_INFORMANT attending | CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) nan the DUE TO þ Canditians, if any, which permit. gned gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Month, Day. Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) a. m. While Not while at wark at wark for 21. I certify that (1) (this haspital) attended the deceased fram 🄝 \* 10 . 196. ached saw the deceased alive an and that death accurred at\_\_\_ M, fram the causes and an the date stated above. OR 220. SIGNATURE ATTENDING DIRECT PHYS. M.D DIRECTOR -PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 23d. LOCATION (City, tawn, or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY page the St

ADDRESS

FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO 4

(State)

22b, DATE SIGNED

(State

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

25b. REGISTRAR'S SIGNATURE

arthur S. Thous

25a. REC'D BY REGISTRAR

Manths

ON A FARM YES NO

Year

19

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VR A15 (4)

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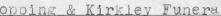
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  12130							
n. PLACE OF DEATH o. COUNTY  Anne Arundel County  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be o. STATE b. COUNTY Maryland Anne Arundel						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Odenton  45 vrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give a						
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS  Myers Station Rd.	e. IS RESIDER ON A FAI YES N					

Anne	Arundel C	ount	V	MARTLAND	Mar	ryland		Anne A	rund	del	Co.	
b. CITY OR TOWN ( RURAL and give r	(If outside corporate limi	ts, write	c. LENGTH C	F STAY IN 16	c. CIT	Y OR TOWN (IF	outside corpo	rote limits, write F	URAL ond	give nea	rest town	1)
Odento			45 7	rg.	Xode	enton						
d. NAME OF HOSPI	ITAL (If not in hospital, g	ive street o			11	REET ADDRESS					e. IS RES	
OR INSTITUTION					Mye	ers Sta	ation	Rd.				FARM?
3. NAME OF	Fir	st		Middle	11 -11 -	Last	4. DATE	Moi	nth	Do	y	Yeor
(Type or print)	Joseph		Ch	owanet	7 9	Sr.	OF DEATH	Nover	200	7.6	,	19 67
S. SEX	6. COLOR OR RACE				B. DATE O			9. AGE (In years		RIYEAR	)	ER 24 HRS
Male	White	WIDOWE		IVORCED	Feb		1888	lost birthdoy)	Months	Doys	Hours	Min.
10a. USUAL OCCUPATI	ION (Give kind of work	done 10b.		NESS OR INDU	1			-()	7	TIZEN OF	WHATC	OUNTRY
	rking life, even if retired		.1.04 0	and do		A				T		
Butc  13. FATHER'S NAME	mer.	DW	11168	nd Co.	14 MO1	AUSTY HER'S MAIDEN	A. David			J.S.	A	
					14. 11.0							
Unkr		crea la		umu va lan s			aknown					
(Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECU	IIIY NO.   17. I	NFORMANT			Add	ress			
		12	15-07-	-0427								
18. CAUSE OF DE	ATH [Enter only one co	use per lin	e for (o), (b),	ond (c).]	0 11						RVAL BE	
PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	, (	bell	wall	1/	ema	shy	el .		1	M	UM
33]	DUE TO											
Conditions, if	ony which ) "											
gove rise to	immediate (						-				-	
lying couse lost.	the under-											
	THER SIGNIFICANT CON		ONTRIBUTING	TO DEATH BU	T NOT RELA	TED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
PART II. OT										1,57	PERFO	RMED?
U	AS UNIDERIVINO T	20L DEC	CRIPE HOW IN	ILLINY OCCUPA	FD /F-1	oture of injury in	- Danit Las Dani	t II of item 10 )			152	140
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH	20b. DESC	TRIBE HOW IN	JURT OCCURR	ED. (Enter no	office of injury if	n ron i or ron	i ii oi nem ib.j				
_	Y MEDICAL EXAMINER)											
20c. TIME OF INJU		or 20d. In While	Not while		LACE OF IN	JURY (Home, for , office bldg., e	rm,   20f. (City fc.)	or town)		(County)		(Stote)
Hour o.m.	10	of work			1	1777		,	0			
21. I certify the	at (1) (this haspita	l) attend	led the dec	eased fram	the	1 1	9.65 . ta	Naulle	14/19	el th	at (1) (	we) las
	sed alive an //=	-12	1 .	7	//	surred at/A	75	the causes a			. , ,	
220. SIGNATURE	all a soll		111	1110	aedili dice	orred dig eg	2.M, 11 UIII	The cooses of	id dii ii	ie dale		b. DATE
(1/3/	MARKER	Well	N M	110	M.D. PHYS	NDING	MED. DIRECTOR	STAFF PHYS.			11-	SIGNED
22c. PHYSICIAN'S	1100100			7		ADDRESS //	DIRECTOR L	11113.	-		11_6	1
NAME (Type)	*	eDon	nald,	M.D.	193	les Ve	1 /21	Muit		111	UM	
23o. BURIAL, CREMATIO				OF CEMETERY	OP CREMAT	ORY	23d LOCA	TION (City, town,	Or county		(Sto	te)
REMOVAL (Specify	1)								or county;			10)
Burial	Nov. 2]	196	I Our	Lady	of th	e Fiel	Ld Mi	llersvi	110	10114711	Md	

24. FUNERAL DIRECTOR'S SIGNATURE

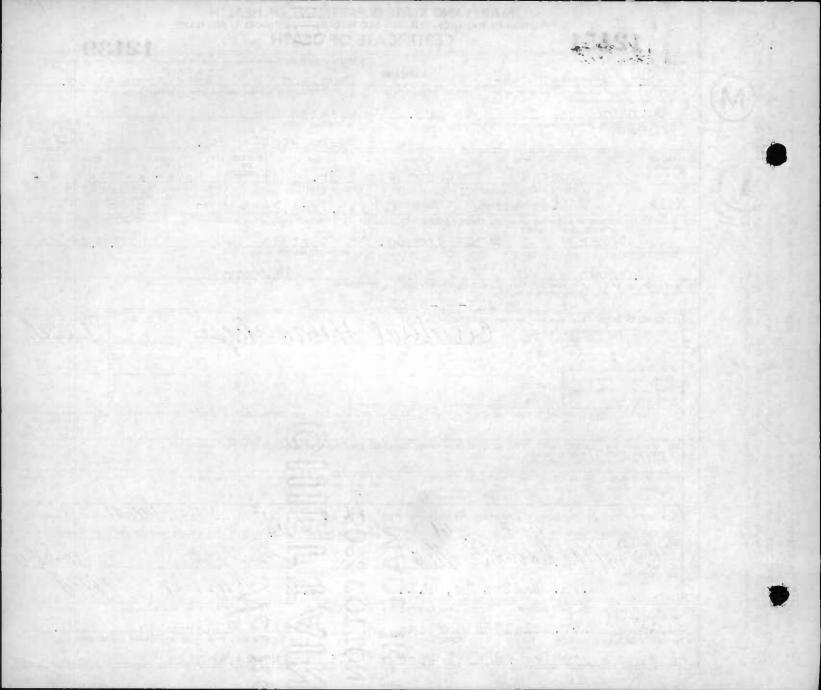
250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

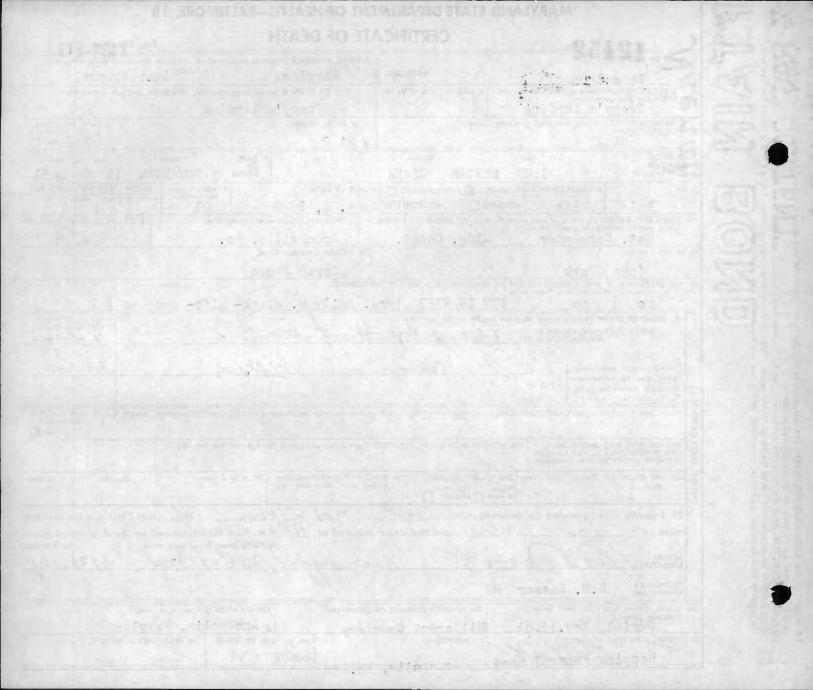


Burnie Funeral

DATE NOV 21 61



1	W	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
عد	N	CERTIFICATE OF DEATH  Reg. Data Not 4
wit	(	1. PLACE OF DEATH O. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
the funeral director, should be filed with	(M)	Anne Arundel Maryland b. COUNTAnne Arundel
erai		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
f <sup>f</sup>		Tracy's Landing Tracy's Landing
by the	X	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Rt 2  d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
0-		3. NAME OF DECEASED First Middle Last 4. DATE Month Doy Year
Pages		(Type or print) JOHN LESTER CLARK DEATH NOVEMBER 11 19 61
letely S. Pag		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lift UNDER 14 HRS lost birthdoy) Months David Married Months David Married
D e	ESSA	Male White WIDOWED DIVORCED Sept. 4. 1870 91 yrs. William Soft Min.
d cample papers. eath.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
ond bon g		Ret. Carpenter Bldg. Const. Brockville, Pa. USA
		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
physicion emave cor haurs afte	(T)	John Clark Sarah Jones
	(	1S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  [Yes, no. or unknown]   (If yes, give war or dates of service)
ottending please re within 72		no no 577 18 3153 Mrs. Emily M. Clark- Wife- same as # 2
ttend pleo vithii		18. CAUSE OF DEATH [Enter only one couse per ling-tor (o), (b), and (c).]
en of		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH MEDIATE CAUSE (0) Congestive Least of active
eve Th		4221 DUE TO
d b d		(Conditions, if ony, which) (b) (15 Oardiovascular Maskerse 15 mg
gne		gove rise to immediate couse (o), stating the under DUE TO
een si ansit		lying couse lost. (c)
ysic bee		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
has has nial	0	YES NO IN
ficate the bu		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
cert s os		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)
his use		Hour o. m. While Not while of work of
spit ter I I for		21. I certify that ( attended the deceased fram Seft , 1961, to 11 how , 1961, that ( last saw the decease
Af : Af		alive an, 1961 , and that death accurred at 1100 A.M. from the causes and on the date stated about
deto de		Appress (Street /city or town, stote), DATE SIGN
d by		SIGNATURE / M. M. MAN Malloro med 13 haclas
DIRE DIRE		
Should		PHYSICIAN'S NAME (Type) R.B. Sesser MD
FUND oge 3	THE	220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
O FUN Page		Burial Nov.15,61 Hillcrest Cemetery Annapolis, Maryland
S A15 (4)	D	23. FUNERAL DIRECTORS SIGNATURE 246. REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 10/57	11/1	Hopping Fineral Home Annandia Ma DATE OV 15'61 ariling S. Kinus
	. 10	



# FOR STATE HEALTH DEPT. TO DICAL EXAMINER: This certificate should be executed within 24 hours after death. If are pay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Taxaral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12141

1. PLACE OF DE	EATH				ENCE (Where deceased		esidence before edmission)
A.A	1915	.5	MARYLAND	o. STATE		b. COUNTY	
b. CITY OR TO	WN (if outside corporete lin	nits,is	c. LENGTH OF STAY IN 16		N (If outside corporete lis		
Laura	L end give nearest town)		2 House				
	OSPITAL OR INSTITUTION	(if not in hospi	3 Hours	Washin			I - IS DESIDENCE
		(ii iii iii iii iii iii iii iii iii iii	ion, give an our oddress,			47X	ON A FARM?
3. NAME OF	l Race Track				2th St N E		YES NO
DECEASED	Firs		Middle	Last	4. DATE OF	Month	Dey Yeer
(Type or print)	Mar		E	Cooke	DEATH	Nov	2th 19 61
5. SEX	6. COLOR OR RAC	7. MARRIED	NEVER MARRIED   8.	DATE OF BIRTH		(In years   IF UNDER 1	
Female	White	WIDOWED	DIVORCED	X Jul 2	3, 1892 691		Deys Hours Min.
	UPATION (Give kind of word of working life, even if retire		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (SI	ete or foreign country)	12. CITI	ZEN OF WHAT COUNTRY?
	jusewife	00)	at home	Reminat	on, Virgin	ia	U.S.
13. FATHER'S NA	ME		ac nome	14. MOTHER'S MAID		110	4.0.
	7 F				7		
1S. WAS DECEASE	defus Foste	RCES?   16, 50	OCIAL SECURITY NO.   17. II	NFORMANT	Zenova Fr		
(Yes, no, or unkow	n) (If yes give wer or detes of	service)		Husband	Arthur B.	Cooke	
NO LIR CATISE	OF DEATH [Enter only on		nknown	Wallet four	nd in pocket	book	I INTERVAL BETWEEN
	DEATH WAS CAUSED BY:	o couso por im	0 101 (2), (0), 0110 (0).				ONSET AND DEATH
11	IMMEDIATE CAUSE (e	Corer	nary Occlusion				Suddend
4	DUE TO						
	eny, which ) (b	)					
	he underlying DUE TO						
cause last.	(6	}					
PART II.	THER SIGNIFICANT COND	ITIONS CONT	RIBUTING TO DEATH BUT NO	RELATED TO THE TER	MINAL DISEASE CONDIT	ION GIVEN IN PART	
PART II. C							YES NO
20a. EXTERNA		20b. DESCRIB	HOW INJURY OCCURED. (E	nter neture of injury in	Part I or Pert II of item 1B	.)	Table   Tabl
PRIMARY CAUSE OF DE	OF CONTRIBUTING						
		ner I 2Dd IN	JURY OCCURRED   200, PLA	CE OF INJURY (Home,	farm, ' 20f. (City or tow	n) (Coun	nty) (Stete)
20c. TIME OF Hour		While	Not While fector	ry, street, office bldg.,		ii) (Coun	(21919)
	o.m. 19	-	et work				
21. I certif	y that I took charge	of the rema	ins described above, hel	d an Autopsy	Inspection ,	Inquiry X,	and in my opinion
death result	ted from: Natural o	auses 🗶,	Accident , Suici	de, Homicia	de, Undeferm	nined manner 🔲	
				CHIEF MEDICA	AL EXAMINER		
ACTUAL	Dr Gustave	BurtFa	ubert	M.D. ASSISTANT A	MEDICAL EXAMINER		DATE SIGNED
EXAMINER	's /a 1	10/1	Quela Sala	DEPUTY MEDI	CAL EXAMINER		Nov 2nd 19
22e. BURIAL, CREM	ATION, 226. DATE THER	EOF 2	2c. NAME OF CEMETRY OR		et, city, town, or county) 22d. LOCATION (C	Glen Bur	rnie (Stete)
Burial	Nov.6,	61	Baptist Chu	ırch	Jeffers	son, Virg	ainia
23. FUNERAL DIR			ADDRESS		REC'D BY REGISTRAR   2		
W. W	Chambers	Co. L	nc. 1400Char	in D. Chate	NOV 6 '61	Orthur.	S. Krank
	0114110613	301	Tooling	THE STATE	1101 0		

VS. A1SME 5M 9/6D

day is an his comes 621000 2308 608 b, ga hat Y Course ( To Reminsten, Virginia HERBURY ENTERS Hurband Arthur B. Grake exists found in pooles book agon as noi ulso y manos Saddens Jacobs - Office of Cold for NOV SELLIS The state of the s

W. W. Chambers Co. the. 1400Chapin U.C. compt. bill

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

	12154	¢	CERTIFICA	TE OF DEATH			121	42	
	PLACE OF DEATH  o. COUNTY  Anne Arundel		MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryland	ere decease	b. CQUNTY	on: Residence b	efore adm	nission)
	b. CITY OR TOWN (If outside corporate limi RURAL and give nearest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		orote limits, write RI	URAL ond give	nearest to	wn)
	Crownsville d. NAME OF HOSPITAL (If not in hospital, g	ive street	9mos. 18 days	New Market		90	OX.	le IS P	ESIDENCE
	OR INSTITUTION  Crownsville State Hos			Unknown				ON	A FARM?
	NAME OF Fir DECEASED (Type or print)	nma.	Middle Jane	Davis	4. DATE OF DEATH	Mon 1		Doy 20	Yeor 19 61
	Female 6. COLOR OR RACE	7. MARR	La	B. DATE OF BIRTH April 15, 190	7	9. AGE (In years lost birthdoy)  34 yrs.	Months Do	-	
00	<ul> <li>USUAL OCCUPATION (Give kind of work of during most of working life, even if retired Housework</li> </ul>	done 10b.	KIND OF BUSINESS OR INDUS	Maryland	or foreign o	country)	12.CITIZEN	J.S.A	
3.	FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME				
_	Cliff Davis			Mamie	Hopk				
	WAS DECEASED EVER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)		Hospital Reco	rds	Addr	ess	al de	
	1B. CAUSE OF DEATH [Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), ond (c).] Myocardial Inf	arction				NTERVAL ONSET AN	BETWEEN ND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stoling the under-lying couse lost.		Coronary Occlu	sion					
CALICA	PART II. OTHER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BUT		NAL DISEAS	E CONDITION GIV	EN IN PART 1(c	19. WA PERI YES [	FORMED?
CEKIL	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in F	Port I or Po	rt II of item 1B.)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Yee Hour o. m 19 p. m.	While	VJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form tory, street, office bldg., etc.	, 20f. (Cit	y or town)	(Cour	ty)	(State
	21. I certify that (I) (this haspital saw the deceased alive an	attend 1/20		2/2 19 eath accurred at9:4	49ta.	11/20 the causes and	, 19 <b>61</b> ,		
	220. SIGNATURE	1,1	1	ATTENDING ME				:	226. DATE

22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) L. Benedict, M. D. Crownsville State Hospital, Maryland

23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(Stote)

FUNERAL DIRECTOR'S SIGNATURE

SIMPSONS C ADDRESS Mens Mens Man

250. REC'D BY REGISTRAR DATE NOV 2 7 '61

25b. REGISTRAR'S SIGNATURE

VR A1S (4) 1SM 9/S9

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution; Residence before edmission) 1 PLACE OF DEATH a. COUNTY anna arundel b. COUNTY by the and 2 death. MARYLAND and b. CITY OR TOWN (if outside corporete limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerest town) p write RURAL and give neerast town) \_\_ Pages e. IS RESIDENCE led d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? marie are. YES NO X Dev NAME OF Year Middle paper 72 DECEASED comple DEATH 19 6 (Type or print) AGE (In years | IF UNDER 1 YEAR carbon IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthday) physician and Months Deys Hours Min. WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY гетоме BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) peratos crain 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give we ror detes of service) permit. 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).] ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: ö IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY certificate PERFORMED? hospital as 0 NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 2De. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) After 2De. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2Df. (City or town) Month, Day, Yeer factory, street, office bldg., etc.) Not Whila While Hour a.m. et work et work DIRECTOR: 196 , that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from.... saw the deceased alive 22b. DATE 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county 23a, BURIAL, CREMATION, | 23b. REMOVAL (Specify) OL 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DAMOV 3 0 '61

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CHIST THE WAR Mate Mack of the State of the State of the State Charles Burgary B+C, B, B. Wilhard Colleges & Fred 2930 State Clay Burneline Lis marketer Continuous touch - Penerel Company of the Darberts French Train The Contract of the Contract of the TOSEPH THEEK DUCKABLAGE GALLUTHE, AND River 18/8/11 Morey from " R. M. Co. 2400.

VR A15 (4) 15M 9/60 10

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

19156
CERTIFICATE OF DEATH

	A LIV					1014	-		
1. PLACE OF DEAT	Н	all him			NCE (Where d			denca bafora edmission	
Anne Art	undel		MARYLAND	a. STATE Maryland D. C. Prince George's					
b. CITY OR TOWN	(if outsida corporate limi	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN					
write RURAL en	d giva nearast town)		2 years	Anacost	ia				
	- one deli -e-	if and in hos	10mos.ll days pilal, give street eddress)	d. STREET ADDRES	c			I o. IS RESIDENCE	
						CI TO		ON A FARM?	
Crownsvi	ille State F	Jospit	al	210 6 2	treet,	O. 11.		YES NO	
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	D	ey Yaer	
(Typa or print)	Li	llie		Edelin	DEATH	11	2	5 19 61	
5. SEX	6. COLOR OR RACE	7 MARRIE	D NEVER MARRIED   8	B. DATE OF BIRTH	9	AGE (In years	IF UNDER 1 YEA	AR   IF UNDER 24 HRS.	
Female	Negro	WIDOWE		1880		81 yrs.	Months Dey	Hours Min.	
	TION (Giva kind of world		IND OF BUSINESS OR INDUSTR	RY   11. BIRTHPLACE (Co	ounty & Stata, or	foreign country)	12. CITIZEN	OF WHAT COUNTRY	
None	orking life, aven if ratire	10)		Mary:	land		U	.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME				
	James Her	arme Mis	11a						
15 WAS DECEASED F					Julia A				
(Yes, no, or unkown)	(If yes give war or dates of s	arvica)	SOCIAL SECURITY NO. 17.	INFORMANT		Addrass			
No			Unknown	Hospital R	ecords				
18. CAUSE OF	DEATH [Entar only one							INTERVAL BETWEEN	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Se	epticemia Secon	dary to pyo	genic i	nfection		ONSET AND DEATH	
715×				J. P.	9				
1,,0,,	DUE TO	of	massive decub	itus ulcers					
Conditions, if an									
(e), stating tha	DI DI IE TO								
cause last.	) (c)								
Z PART II. OTH	ER SIGNIFICANT CONDI	TIONS CON	ITRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERA	MINAL DISEASE	CONDITION GIV	EN IN PART 1(e		
Hyperter 20a. Accident No OR CONTRIBUTION (If EITHER, NOTIF	naire Cardi	2770 0 011	lar Disease As	accoisted wi	th Arto	rioselar	neia	PERFORMED?	
O Typer ve	VAS UNDERLYING		CRIBE HOW INJURY OCCURED				0219	110 1	
OR CONTRIBUTING	G CAUSE OF DEATH	200. 023				,			
	Y MEDICAL EXAMINER)								
20c. TIME OF INJ				ACE OF INJURY (Homa, fa tory, streat, office bldg., e		y or town)	(County)	) (Steta)	
20c. TIME OF INJ Hour a.m.	19	While al wor							
- P11111	that (I) (this bossi	tal) atton	ded the deceased from.	1/14	, 1959, to	11/25	19 6.	that (1) (we) la	
21. I certify	The try (this nospi	1/25	19.61, and that	المامان	3 30 F				
		-12	, and that	death occured at	J. JUM, from	n ine causes	and on the		
22a, 5IGNATURE	a dedoar	dk	1.00	ATTENDING	MED.	STAFF		22b. DATE	
- TUCY	all the ter	5 1	N	A.D. PHYS.	DIRECTOR [	PHYS.		11/51/61	
22c. PHYSICIAN		**		22d. ADDRESS					
NAME (Typ	" Hildegard	Hear	d Reissman, M.	D. Crowns	ville St	tate Hosp	pital, I	daryland	
23e. BURIAL, CREMA	TION, 236, DATE THE	REOF	2397 NAME OF CEMETERY			ATION (gity, to		(State)	
REMOVAL (Spedif		1	(h )//		est.		110		
Quertal	NIS SIGNATURE	11	ADDRESS		REC'D BY REGIS	TRAP 255 DEC	GISTRAR'S SIG	NATURE	
24 FUNERAL DIRECTO	K S SIGNATORE	. /	7 Can A C	ו סובת ו	1010 -	2307 KE	2101 KAK 3 310.	TOTAL	
" buntes	po Alvin	W.W.	1300/11/00CM	ATTE, DATE	10 3 0 '61		ture S. Mr.		
						5014	M. Mu	E-L-Q-CML	

1 1 1 1 THE ALL SHAPES to the same of the

d complete filled in by the funeral bon papers. Pages 1 and 2 should within 72 hours after death. within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executedeath age 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complexidirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72.

VR A15 (4) 15M 7/61

(M)

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

7.10 7.17 6				45
1. PLACE OF DEATH a. COUNTY		1/1	(Where deceased lived, If Institution	: Perdence before admission)
Anne Arundel	MARYLAND	o. STATO and	land b. COUNTY	(1 d!
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	CONTOWN IT OF	utside corporate limits, write RURAL e	and give nearest town)
Annapolis		Ilmu	Proces 10	
d, NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, giva streat address)	d. STREET ADDRESS	2/1/	e. IS RESIDENCE
(Dead on arrival) Anne Arundel General Hospi	tal	60 100	VU XTE	YES NO
3. NAME OF First	Middle	Last 4.	DATE Month	Day Year
(Type or print)	andk.	ENSEY	or DEATH November	23 1961.
SEX 6. COLOR OF CACE 7. MARI	RIED NEVER MARRIED 1 8.	DATE OF BIRTH	9. AGE (In years   IF UNDE	
Male Colored WHOOV	VED DIVORCED	5-12-187	3 Sast birthday) Months	
How USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (County)	& State, or foreign country)   12. C	EFFIZEN OF WHAT COUNTRY?
Kelined		maryla	and 1	115, A1
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	Me to to p.	+100
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   1	6. SOCIAL SECURITY NO. 17. IN	FORMANT	Address	ner.
(Yas, nor os unkown) (Hyes give war or dates of service)	140	ettie Kre	een 31 Colley	ac CKi Terra
18. CAUSE OF DEATH Enter only one cause pe	r lina for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	DOA			ONSET AND DEATH
4-4-3 X DUE TO 11				.~
Conditions, if eny, which	n han terri	ve Q 1/	h	5 m.
gave rise to immediate cause	Harris			0
tally starting the underlying				
	ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	
PART II. OTHER SIGNIFICANT CONDITIONS CO				PERFORMED?
20a, ACCIDENT WAS UNDERLYING   20b. D	ESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part	Lor Pert II of item 18.)	TIES   NO XX
20a, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	TO THE POST OF THE			
3			20f. (City or town) (C	ounty) (State)
Hour a.m. Wh	rile Not While 1800	ry, street, office bldg., atc.)		
21. I certify that (I) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	anded the deceased from	10	57 to 11-731	% / that (I) (war) last
saw the deceased alive on.	/ 1			/
22e. SIGNATURE	J J J J. J. J. J. J. J. J.	5:30 A		22b. DATE
Franklistes	м.	ATTENDING MED	CTOR PHYS.	37 /21 /67
22c, PHYSICIAN'S	741.0	22d. ADDRESS		11/24/01
NAME (Type) Frank M. Ship	ley, M.D.	121 Cathedr	al St., Annapoli	s, Md.
38. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 2	234 OCATION (City, town or cou	nty) (Sipro)
Binna CL 11-27-1961	Broaden	ech	Milargare	to acc
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS )	25a. REC'D	BY REGISTRAR   256. REGISTRAR	SIGNATURE
hilliam Koesett. C	una, Di	C DATENOV	28'61 Uniting &	Thomas
VA CONTRACTOR OF THE CONTRACTO	- WHI	4130	A CONTRACTOR OF THE PARTY OF TH	

F 1 2 5 . As the team to the team of t ALLE DESCRIPTION OF THE Lie Che and the control of the contr TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death age 4 may be retained by the hospital or attending physician.

TO FONERAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal end in any event, within 72 hours after death. VR A1S (4) 1SM 7/61

	D101
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA  12158  CERTIFICATE OF DEATH  12146	KYLAND
I. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If Institution: Resid	ence before edmission)
Anne Arundel MARYLAND Maryland Anne	Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	e nearest town)
Annapolis // Annapolis	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Anne Arundel General Hospital 636 Ridgley Ave.	YES NO
3. NAME OF First Middle Last 4. DATE Month De DECEASED OF	y Year
(Type or print) Thomas A. ESPINOSA DEATH November 2	9 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE IN YEAR	R IF UNDER 24 HRS.
Male White WIDOWED DIVORCED December 21, 1907 53 yrs. Months Deys	Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
	S.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
JOHN A ESPINOSA Unbunum	9
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	(1)
RATHRYNE F. ESPINOSA	(2/
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	NTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: Congestive Heard Failure	1 week
4/08 DUE TO CT.	
Conditions, if any, which \ (b) Mitral stems is and tricuspial insuppricionary &	Tyears
gave rise to immediate cause	1
(a), starting the underlying (	Loyeans
	19. WAS AUTOPSY
ATIC	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  E 20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)  OR CONTRIBUTING  CAUSE OF DEATH  OF CONTRIBUTING  CAUSE OF DEATH  OF CONTRIBUTING  CAUSE OF DEATH	AA L
©   OR CONTRIBUTING □ CAUSE OF DEATH   UP   O	
20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, ferm,   20f. (City or town) (County)	(Stete)
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. 20c. No. 19 20d. INJURY OCCURRED factory, street, office bldg., etc.) (County)	
21. I certify that (I) ODDODGODS) attended the deceased from Nov. 13,, 1961, to Nov. 28, 19.61	that (I) (3K3K last
saw the deceased alive on Nov. 28, 19.61, and that death occured at	
22e. SIGNATORE	22b. DATE
ATTENDING MED. STAFF	SIGNED
22c. PHYSICIAN'S 22d. ADDRESS	11/2/18
NAME (Type) Richard I. Hochman 59 Franklin St., Annapolis, Md	The state of the state of
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d SOCATION (City, town or county)	(State)
Brown (Spegify) 12-2-1961 He Day ent Court / Imach of	mo
a ~ 1100 11 Lectron Certa 1 N / / / Lectron	110
24 FUNERAL DIRECTOR'S SIGNATURE LOS CISCOS COSTRAPOLIS MAL 250. REC'D BY REGISTRAR 256 REGISTRAR'S, SIGNATURE DEC 5 161	

Extragal accol Age Athers Seneral bong trail 10 TO THE SECOND PROPERTY OF THE SECOND PROPE the lawer box 21, 1907 | 53 Common Carlos Common Carlos Ca Sugar A Espinosa Consumos are more 12, more than 128, more more 10v. 28, 181 NAME TO SEE THE TENT OF THE T 

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 12159

12147

o. COUNTY					USUAL RESIDEN  o. STATE	ICE (Where deceas	ed lived. If institution b. COUNT		before odm	ission)
Anne Ar		unty,	MARY		Maryl			Anne A		
RURAL ond give n		its, write	c. LENGTH OF STAY	IN 1b	/	VN (If outside corp	orote limits, write	RURAL ond give	e nearest to	wn)
Glen Bu				X	Glen B					
OR INSTITUTION	TAL (If not in hospitol, g	len F	ddress)		d. STREET ADDI	RESS			e. IS R	A FARM?
	Joo Ham	Tellil	wau.	-	500 Ha	mlen Rd				NO.
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Mo	nth	Day	Yeor
(Type or print)	Evelyn		Virginia	F	lexer	OF DEATH	Novem	ber 19		1961
S. SEX	6. COLOR OR RACE	7. MARRIE	DEVER MARRIE	8. D	ATE OF BIRTH		9. AGE (In years	IFUNDER 1		
Female	White	WIDOWED	_	10	arch 1	6.1906	lost birthdoy)		oys Hour	Min.
10o. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b. K	IND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE	(Stote or foreign	country)	12. CITIZE	N OF WHAT	COUNTRY?
Housewi			wn Home		Penn	sylvani	0	TT	ι Λ	
13. FATHER'S NAME			WII IIOME	1.	. MOTHER'S MA		8	0.5	. H.	
Peter	Onjack				Marv	Mothan	C			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		OCIAL SECURITY NO	. 17, INFOR		Mathia		dress		
(Yes, no, or unknown)	(If yes, give wor or dates of s		4-07-590	9 7	ir. Har	ald min		07 F		- 363
Tio CAUSE OF DE	THE CO. L.			W	n. val.	old Fle	xer		Burni	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	for (o), (b), and (c).	uar	un 1	alth	react		ONSET AN	
170	DUE TO	,			-				Al	100
Conditions, if o										
gove rise to i	mmediate									
couse (o), stoting										
lying cause lost.	) (c									
PART II. OTH	HER SIGNIFICANT CON	IDITIONS <u>CC</u>	ONTRIBUTING TO DEA	ATH BUT NO	RELATED TO TH	E TERMINAL DISEA	SE CONDITION G	VEN IN PART 1	PERI	S AUTOPSY FORMED?
20a. ACCIDENT WA	AS UNDERLYING []	20b. DESCE	RIBE HOW INJURY OF	CCURRED /F	nter noture of ini	iury in Port I or Po	rt II of item 18.)		165	] NO []
	CAUSE OF DEATH MEDICAL EXAMINER)									
20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Ye			20e. PLACE foctory	OF INJURY (Home street, office bloom	ne, farm, 20f. (Cit	y or town)	(Cou	inty)	(Stote)
₩ p. m.	19	While of work	Not while of work					-0		
21 I certify the	it (1) (this haspital	I) attende	d the deceased	from a	wil	1053 10	Haulus	Wold	that (I)	lum \ le=
saw the deceas	4.4	-18	1 1		h	60AM 5	the second		, ,	(we) last
220. SIGNATURE	sed drive on	111	196/ , and	inai deat	n occurred a	TOM, from	rne causes a	nd on the c		ed abave. 22b.DATE
	Maci	lou	all m	PM.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNED
22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS					
NAME (Type)	C. R. Ma	cDons	ald, M.D.		204	Crain	Hahy.	SW. Gl	en Bu	irnie
23a. BURIAL, CREMATIC	N, 23b. DATE THEREC	OF	23c. NAME OF CEME	TERY OR CR			TION (City, town,			ote)
REMOVAL (Specify)	2.5	106	7 0	T	ent	A 7 7			_	
Burial  24. FUNERAL DIRECTOR	NOV. ZZ	730	ADDRESS	01 =	Cem.	P. REC'D 8Y REGIS	entown	Penns ISTRAR'S SIGN		nia
44.76	Kirkley F	runen		Burn	4.4					
TONDATE OF	WITH WICh I	WIIGI.	T HOME	SA CAT IT	DA	THOV 21 '6	Color	ihun S. Fin	aus	

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15M 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12169 CERTIFICATE OF DEATH

12100	CERTIFICA	TE OF DEA	TH	12148	
1. PLACE OF DEATH a. COUNTY Anne Aru	ndel	- CTATE -	NCE (Where decessed lived	CULITY .	Arundel
	MARYLAND		U		
<ul> <li>CITY OR TOWN (if outside corporate limits write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 16		N (If outside corporata limits,		e nearest town)
Annapolis	ll days	X	RURAL - Church	nton	
d. NAME OF HOSPITAL OR INSTITUTION (if	not in hospital, give street address)	d. STREET ADDRES	SS		e. IS RESIDENCE
Anne Arundel General H					YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE	Nonth De	y Year
(Type or print) Eliza		FOOTE	DEATH	vember 2	7 19 61
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In y	eers   IF UNDER 1 YEA	
77 9 9	WIDOWED DIVORCED	Dan 25/	193 Last birthd	1.101111110 70	Hours Min.
Female Negro  0a. USUAL OCCUPATION (Give kind of work	10b, KIND OF BUSINESS OR INDUS	RY 11 BIRTHPLACE ICO	ounty & State, or foreign cour		OF WHAT COUNTRY?
done during most of working life, even if retired	Mary and	II. DIKITIFEAGE (CC	Jamy & State, or foreign cour	11177	0
Stouse wite	and the second	Maryla		U.	S.
3. FATHER'S NAME	2	14. MOTHER'S MAIDE	EN NAME	/	
170MAS F	CNITON	C 41:	ZA CXIVI	5	
5. WAS DECÉASED EVER IN U.S. ARMED FORC Yes, no, or unkown)   (Ifyes give werordates of se	TES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	a Robert	Foot CD	rurchtonk
	216-18-2018	1/1	Con		
18. CAUSE OF DEATH [Enter only one	cause per line for (a), (b), end (c).]	81	limonar		NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Co Co	my	using		15 ming
465 X DUE TO					
C Di				/	
geve rise to immediate cause					
(e), stating the underlying DUE TO					
cause last. (c)_					
PART II. OTHER SIGNIFICANT CONDIT.	IONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CONDITION	GIVEN IN PART 1(e)	PERFORMED?
20e. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURE	D /Enter nature of injury	in Don't on Don't H of item 19 )		IES A NO []
PART II. OTHER SIGNIFICANT CONDIT	200. DESCRIBE NOW INJURY OCCUR.	D. (chief herdre of injury	in ren i or ren ii or nem is.,		
20c. TIME OF INJURY Month, Day, Year Hour e.m.		ACE OF INJURY (Home, fo		(County)	(State)
Hour e.m.	While Not While fe	ctory, street, office bldg.,	etc.)		
		N 14	1-47 Non-	2/ 12/7	(1) ==== )
21. I certify that (I) (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	, , , , , , , , , , , , , , , , , , , ,				
saw the deceased alive on	V20,19.01., and the	t death occured at.		ses and on the	
22a. SIGNATURE A	6.2	ATTENDING 155	MED. STAFF		22b. DATE
all of	allen	M.D. PHYS.	DIRECTOR PHYS.		11/27/61
22c. PHYSICIAN'S Aris T. A	llen. M.D.	22d. ADDRESS 6	2 Cathedral S	t., Annapo	plis, Md.
NAME (Type) A ACTS T. A	Ton, M. LLEN	61	Court	1	
23a. BURIAL, CREMATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City	, town or county)	(Stete)
REMOVAL (Specify) Nov 29	na i		West Bi	OPS	
190414 /VOO XT	ADDRESS 1	1 25- 1	REC'D BY REGISTRAR 25b.		ATURE
4 FUNERAL DIRECTOR'S SIGNATURE	( Callo 11	nin			
1 X X apaleole +	m Ollerell	DATE	DEC 1 '61	Orthun & to	TALLA .

Leonarda sano suo de buello C LITTLE . . . to an its too a set to too to Les F. Allen, J. Co. Control of the Contro the Olympia in the state of all supported as they hours after death. Page 4

TO HOSPI may b

VR A1S (4) 1SM 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		2161		CEKHILICA	AIE OF	DEATH		I.C.	LAS		
M	1. PLACE OF DEATH o. COUNTAnne	Arundel		MARYLAND	2. USUAL I o. STATE			d lived. If institution b. COUNTY			dmission) rundel
(,,,)	Fort Georg	outside corporate limits, eorest town Meade	write	c. LENGTH OF STAY IN 16	1 6 6	OR TOWN (If or nover	utside carpo	orate limits, write R	URAL and gi	ive nearest	town)
050	d. NAME OF HOSPIT OR INSTITUTION Kimbrough	Army Hospital	e street d	address)		ET ADDRESS  x 83 Ho	lland	Place	Y	0	RESIDENCE ON A FARM?
	3. NAME OF DECEASED (Type or print)	First		Middle	FREEMA	Lost N	4. DATE OF DEATH	Novemb		1 Day	Year 61
<u> </u>	s. sex Male	0	MARRI	IED NEVER MARRIED DIVORCED	B. DATE OF E	Oct 61	1	9. AGE (In years last birthday) yrs.		_	JNDER 24 HR
	10a. USUAL OCCUPATIOn during most of work	ON (Give kind af work do king life, even if retired)	ne 10b. I	KIND OF BUSINESS OR IND		aryland	or foreign o	ountry)	USA	EN OF WH	HAT COUNTRY
(I)	13. FATHER'S NAME Georg	ge Freeman				er's MAIDEN N.					
		R IN U. S. ARMED FORCE (If yes, give wor or dates of serv			other,	Box 83 I	Iolla	AddendPl Hano		Md.	
	Canditions, if a gave rise ta i couse (a), stoting lying cause lost.  PART II. OTH	mmediate the under. DUE TO (c)_HER SIGNIFICANT CONDI	TIONS <u>C</u>	Prematurity  ONTRIBUTING TO DEATH BU					/EN IN PART	ONSET A	VAS AUTOPS ERFORMED?
		Y Month, Day, Year	While			RY (Home, farm, affice bldg., etc.		y or town)	(C	ounty)	(Stat
The State Baara of health prior	sow the deceded 220. SIGNATURE SUCLAME 22c. PHYSICIAN'S NAME (Type)	SHERMAN S  23b. DATE THEREOF  Thor 6	Nov	BINSON, Capt.  230, NAME OF CEMETERY LIMITAGE ADDRESS  LLH. MSC - H	M.D. ATTEN PHYS.  M.C. 22d. AI	DING MEDICAL M	D. RECTOR DUGH A	STAFF PHYS.  H Ft Geo TION (City, town, town, trans 25b, REGI	G. Moor county)  Meade STRAR'S SIG	1 No	22b. DATE V 6SIGNE
2,050	Schoral	John 160	in	r	ma	,		Yr Lewise			

CHICKLE OF BLATH 12149 I housely sand fill District Control of the San ---and the state of t

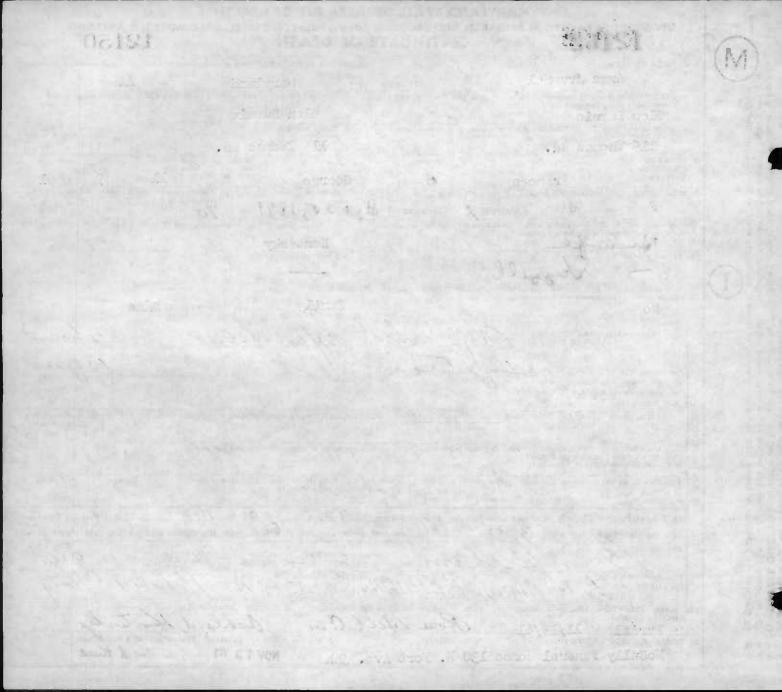
### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12162 CERTIFICATE OF DEATH 12150

									_			
1. PLACE OF DEAT	H				2. USUAL RES	IDENCE	Where de			sidence b	efore a	dmission)
A	nne Arundel		MARY	LAND	a. STATE	Mary	land	b. COUN	AA			
b. CITY OR TOWN	(if outside corporate limits	,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TO			orete limits, write	RURAL end	give neer	est towr	1)
Glen B	d give nearest town)	Sec.			X GLe	n Bui	mie					
	ITAL OR INSTITUTION (if	not in hosp	ital, give street addre	ess)	d. STREET AD			-		10	. IS RES	SIDENCE
	homas Rd.				1115	Thoma	a Da					FARM?
3. NAME OF	First		Middle		Last C	Thoma	DATE				ES _	ио П
DECEASED	ritst				Last	4.	OF	Montl		Dey	Yeer	
(Type or print)	France		B.		George		DEATH		LI.	9		61
5. SEX	6. COLOR OR RACE	. MARRIED	NEVER MARRIE	8.	DATE OF BIRTH		9.	AGE (In years last birthdey)			UNDER :	24 HRS. Min.
F'	W	WIDOWED	DIVORCE	o la la	NT 25,	1891		70 yrs.	Monins	eys I	lours	Min.
10e. USUAL OCCUPA	TION (Give kind of work		OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	(County &	State, or f	oreign country)	12. CITIZ	EN OF W	HAT C	OUNTRY?
I Jan	orking life, even if retired	'		+1177	Kent	ucky						
13. FATHER'S NAME	, , , , , , , , , , , , , , , , , , ,	1		1	4. MOTHER'S M.	8/	ME		1			
_	Mariano	00				_						
15. WAS DECEASED EX	ER IN U.S. ARMED FORCE	ES2   16 S	OCIAL SECURITY N	0 1 17 17	FORMANT			Address				
	If yes give wer or detes of ser		OCIAL SECORITI IN	0. 17. 314		11757		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
No					Family				Same			
	DEATH [Enter only one of	ause per lir	ne for (a), (b), end (c	1.11.11	1 /1		110				AL BETY	
PAKI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	6/1	nocar	ains	Nell	MC	KIE	21			400	
420	DUE TO	1	1 1	-	1						1.	
Conditions, if en	y, which \	You	sellers,	M.	//					10	pe	10
gave rise to immed	liate cause	1 /1			0					-	-	
(a), steting the	underlying DUE TO											
ceuse last.	R SIGNIFICANT CONDITI	ONE CONT	DIBLITING TO DEAT	TOTA THE H	DELATED TO THE	TERMINIAL	DISEASE	CONDITION OF	CENT INTO A DT	1/->- 10	A/AC AI	ITORCV
PARI II. OTHE	k SIGNIFICANT CONDITI	0143	KIBUTING TO DEAT	- BOI NOI	KELATED TO THE	TERMINAL	DISEASE	ONDITION GIV	EN IN PARI		PERFOR	RMED?
<u>S</u>										YES	1	10 1
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURED, (	Enter neture of inj	ury in Part	l or Part II	of item 18.)				
20c. TIME OF INJU	URY Month, Dey, Yeer	20d. II	NJURY OCCURRED		OF INJURY (Hon		20f. (City	or town)	(Coun	ty)	(:	State)
Hour a.m.	19	While at work	Not While	factory	y, street, office bld	ig., etc.)						
Pinni		1			225	10	61.	11-11	106	7	(1) (	> 1
	that (I) (this hospita	aftend										
	sed palive on	P	19/, a	nd that c	leath occured	at	M, from	the causes	and on th	e date		
22e. SIGNATURE	Lydin /	Seri	lam	M.D.	ATTENDING PHYS.	MED.		STAFF PHYS.		11-	9-6	DATE
22c. PHYSICIAN'S NAME (Type		nIN	BERL	)ANN	22d. ADDRES	0/0	A	Let	elne	4	fro	7
	TION, 236. DATE THERE	OF	23c. NAME OF CE	METERY OF	CREMATORY	2	3d. LOCA	TION (City, fo	wn or county	)	(5/12	ate)
REMOVAL (Specify	17/13/67		Rose.	Hel	Com	6	Ish	land 1	ente	ely	. /	
24 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		25	e. REC'D	BY REGIST			IGNATUR	-	
McCull	y Funeral Ho	mes 1	30 E. For	t Ave	jhh o	ATE NOV	13'6	1 0	Irthur S.	Thous	4	

within 24 hours after death age 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complement filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed VR A15 (4) 15M 9/60



	12	EACH E		STATISTICAL RESEA	ARCH A	EPARTMENT C ND RECORDS — BAL TE OF DEATI	TIMORE 1,		2454		
1.	PLACE OF DEATH	nne Arun	del	MAR	LAND	2. USUAL RESIDENCE (Va. STATE Mary	Where decease Land	ed lived. If institut b. COUNTY			
	Glen Bu			c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	Burne	i, Mary		e. IS I	RESIDENCE
3.	NAME OF DECEASED (Type or print)	Fir Matthe		Middle Conra	_	3rd Avenue	4. DATE OF DEATH	Мо			Year 1961
5.	Male			RIED NEVER MARRI	ED 🔲	8. DATE OF BIRTH	1890	9. AGE (In years last birthdoy)	IF UNDER 1	YEAR IF UN	NDER 24 HR
	Brick L FATHER'S NAME Francis	Goff			mplo	14. MOTHER'S MAIDEN ROSE Me		and		U.S	
15. (Ye		R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO		Mrs. Lillia	an Vlk	2300	Aver	nue leigh	ts
z	PART 1. DEA 420, Conditions, if a gave rise to it couse (o), stoting lying couse lost.	mmediate the under-	Co	ORONARY A	Y ATA	THROM BO	ROSIL			10 Y	RS -
CERTIFICATION	20g. ACCIDENT W	AS UNDERLYING IT	3			D. (Enter nature of injury i			VEN IN PAKI	PER	RFORMED?
MEDICAL CER	(IF EITHER, NOTIFY  20c. TIME OF INJUR  Hour a. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Doy, Yea	20d. It While at war	NJURY OCCURRED  Not while	20e. PL/ foc	ACE OF INJURY (Home, fo	orm, 20f. (Cir	y or town)	(Cc	ounty)	(Stot
	21. I certify the	et (1) (this hospital sed alive an	) attend	led the deceased	that d	eath accurred at [[	A.M., fram	STAFF PHYS.	nd on the	I, that (I date stat	) (we) la ed above 22b. DATE SIGNE
	BURIAL, CREMATIC REMOVAL (Specify) BURIAL FUNERAL DIRECTOR MOPPING	27 Nov.	196 ipl	23c. NAME OF CEM 1 Glen Ha 2 ADDRESS 21 Crain 1 en Burn		Memorial 250. RE		n Burni TRAR 25b. REG		ry lar	tate)

State of the state of 12131 THE RESERVE THE PROPERTY OF THE PERSON NAMED IN THE PERSON NAMED I THE REPORT OF THE PROPERTY OF THE PROPERTY OF THE PARTY O

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 shauld be Reg. Dist. No. 2152 cremation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY O. STATE b. COUNTY MARYLAND burial. CITY OR TOWN III outside corporale limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Jown) give negrest town! ZMON-SYGN emil 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF Middle DATE Month DECEASED OF You (Type or print) DEATH 0 5. SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months WIDOWED [ DIVORCED T Yrs. 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Carpenter 13. FATHER'S NAME may LA MOTHER'S MAIDEN NAME pages 10 age 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one cause per ling for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS os 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of ilem 18.) 20d. INJURY OCCURRED 20e. PACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year Stoctory, street, office bldg While Not white p. m. of work of work 21. I certify that look charge of the remains described above, held on Autopsy ... Inspection Inquiry icate, w. the Chief death resulted from Natural Accident Suicide | Hamicide . Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 00 P ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMEIERY OR CREMATORY 22d. LOCATION (City, 49% or county) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRA 24b. REGISTRAR'S SIGNATURE VS. A15ME(5)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENT

Year

19

Min.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED YES D

NO

(Stote)

and find that

DATE SIGNED

Stote)

Day

Days

(County)

Orthur & Kraus

NOV-6

ON A FARM YES NO

5M 9/55

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	or and	
	or and	

TANSTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY a. STATE UO . the day A.A. MARYLAND d and b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) à write RURAL and give neerest town) Glamburmie vrs. Glemburnie .⊆ after Pages illed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 72 hours 809 Marley 809 Marley Ave. papers NAME OF DATE First Middle Last Month DECEASED OF comple (Type or print) DEATH Thomas Grav Nov. carbon with 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED and last birthday) Months Male WIDOWED DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) Chief Operator Lowry Glass---Balto. Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending Margaret Fishball Thomas Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) .809 Marley the 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] physician. þ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)\_ signed burial-transit attending has been gave rise to immediate cause DUE TO (a), stating the underlying ceuse lest. the ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate CERTIFICATION hospital 35 prior use 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER! detached è 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. retained et work et work p.m 19 may be retain DIRECTOR: 21. I certify that (1) (this hospital) attended the deceased from Attenders 1960, to Marthautin lb, 19.41, that (1) (wo) last should .DM, from the causes and on the date stated above. saw the deceased alive on ..... at 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. FUNERAL director, page be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME, (Type 1E6E 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. REMOYAL \_(Specify) Loudon Park OF altimore 29 MA 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE Edmondson NOV 2 0 '61 arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO

Yeer

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO F

(State)

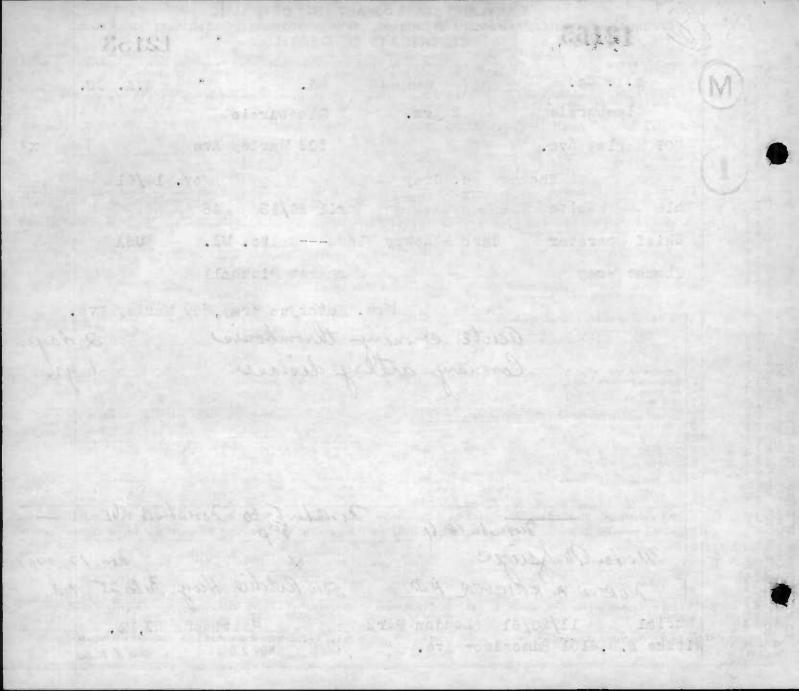
22b. DATE

SIGNED

(County)

IF UNDER 24 HRS.

death WE PHYSICIAN: VR A15 (4) 15M 9/60



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IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after some lage 4 may be retained by the hospital or attending physician.	H	director, page 3 should be delacted for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should		
II	R	Sed		1
SP	7	37	2	-
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VR	Z TO FORTER DIRECTOR: After this certificate has been signed by the attending physician and complex filligating the funera	(4	be the will lie state Dept. Of freelin prior to burief, cremation, or removal, and in any event, with the visual prior to burief, cremation, or removal, and in any event, with the visual prior to burief, cremation, or removal, and the visual prior to burief.	X
15	M 7	61	1	10

DIVISION OF STATISTICAL RESEARCH AND RECO	TE DEPARTMENT OF HEALTH ORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CATE OF DEATH
12700	12154
PLACE OF DEATH     COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmi b. COUNTY
Anne Arundel MARYLA	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Annapolis 1 day	MXXXXXXX Odenton
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDI
Anne Arundel General Hospital	105 Hilltop Road YES ☐ NO
. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) Richard Dennis	CDOCAN DEATH Name 20 10 4
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Inovember 30 19 0.
	last pernoay)   Months   Deys   Hours   N
Male White WIDOWED DIVORCED	I HOVEMBEL 2/, I/OI
0a. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	IDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COU
Newborn	Maryland U.S.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Lloyd Grogan	Martha Jane Broadwater
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT Address
Yes, no, or unkown) (Ifyesgivewarordatesofservice)	Hospital records
NO None  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY:	ONSET AND DEAT
IMMEDIATE CAUSE (a)	is - ful morary ONSET AND DEAT
162,0 DUE TO	1 From Parts
Conditions, if any, which geve rise to immediate cause	is have they la
(e), steling the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	PUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORME YES XIX NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE  20e. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURED. (Enter nature of injury in Part I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	De. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State
Hour e.m. WhileNot While	factory, street, office bldg., etc.)
21. I certify that (I) (this hospitat) attended the deceased f	from Nov. 29, 1961, to Nov. 30, 1961, that (1)
saw the deceased alixe onNov301961, and	that death occured at
22e. SIGNATURE	3:20 PM 22b. D/
Theles Musin	M.D. PHYS. MED. STAFF DIRECTOR PHYS. 12/1/6
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Philip Briscoe, M.D.	95 Cathedral St., Annapolis, Md.
3e. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMÉ	TERY OR CREMATORY   23d. LOCATION (City, town or county) (Stete)
REMOVAL (Specify)	
	en Cemetery   Glen Burnie, Maryland
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	255. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  DATE  DA
Transfer and Valation til Care Demos W.	DATE DELLA COLUMN A, MANES
Hopping and Kirkley// Glen Burnie, Ma	31Y 12NO ( )

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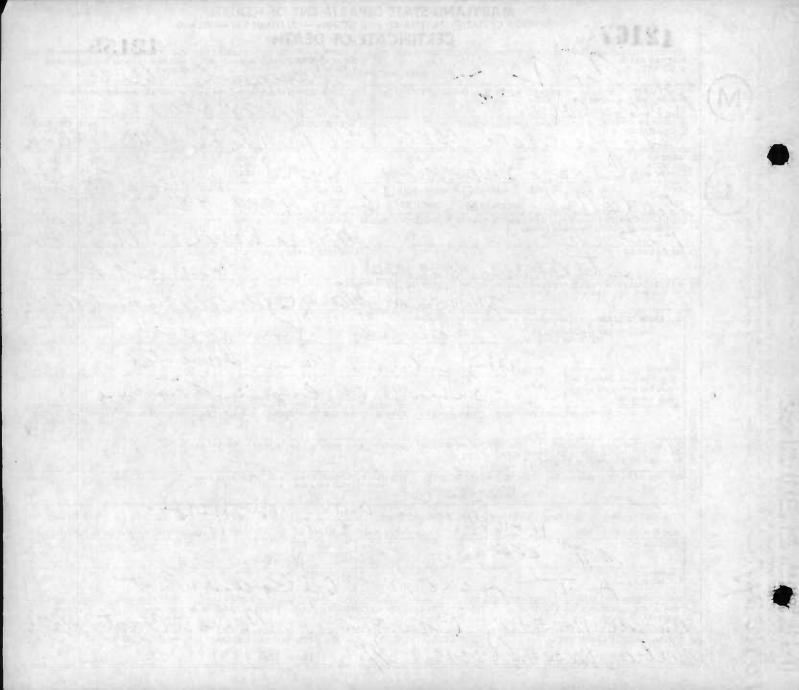
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MAKILA	IND SIMIE DE	PAKIMENI	OF REALIH
<b>DIVISION OF STATIST</b>	ICAL RESEARCH AN	D RECORDS — B.	ALTIMORE 1, MARYLAND
	CEDTIEICAT	E OF DEAT	TLI

1	2167	DIVISION OF	CERTIFIC			1, MARYLAND	1910	5.5	
1. PLACE a. COL	OF DEATH	a.	MARYLAN	O STATE	SIDENCE (Where dece	cased lived. If inst		before admiss	ion)
( CR	OR TOWN (If outside of all and give negret) to	olis	c. LENGTH OF STAY IN 1	c. Curry	R TOWN (If butside co	proporate limits, w	ite RURAL and giv	e nearest tawr	1)
d. NAM	ME OF HOSPITAL IF not	in haspital, give street	address) AvC.	d. STREET 2/6	Denek	ell	ave		IDENCE FARM?
3. NAME DECEA (Type o	SED Section (Section)	rge In	anklie	1 1	COST OF DEA		Manth	-	Year 196/
S. SEX	ale ()	PL2 WIDOWE		6-30	0-1889		yrs. Manths D	YEAR IF UNDI ays Haurs	Min.
15	emast of working life, e	ven if retired)	KIND OF BUSINESS OR IN	M	PLACE (State or foreig	m country)	12. CITIZE	N OF WHAT	A
	Ste	phen	Mros	D	S'S MAIDEN NAME	ary	KIN	000	2
(Yes, no, or		war or dates of service)	16-05-2260	Mon	y O. pis	delle:	216 Pin	dell	ave
18. C	PART I. DEATH WAS C		e far (a), (b), and (c).]	in	an	est.		INTERVAL BE	TWEEN DEATH
	ditians, if any, which e rise to immediate		youten	ine (	Pendo:	Mari	las		
lying	e (a), stating the <u>under</u> g cause last.	DUE TO (c)	During	7	Enger	in 1	Toller	e	
FICATION			ONTRIBUTING TO DEATH			(11.11.11.0)		(a) 19. WAS PERFC YES	DRMED?
OR CO	ACCIDENT WAS UNDERLIGHTED TO THE CAUSE HER, NOTIFY MEDICAL	E OF DEATH EXAMINER)	RIBE HOW INJURY OCCU						
	ME OF INJURY Manth, Haur a. m. p. m.	While	IJURY OCCURRED 20e. Nat while at wark	PLACE OF INJURY factory, street, aff		City ar tawn)	(Co	unty)	(State)
saw	the deceased alive	1 / 1/ 7	ed the deceased fra	0	ed atM, fro	a // — A /			abave.
	HYSICIAN'S	. an	عر	M.D. PHYS.	NG MED. DIRECTOR	STAFF PHYS.	.0	22	b. DATE SIGNED
^	NAME (Type)	IS	LLEN	C	LCol	hedr	9		
BU	AL, CREMATION, 23b. I	-25-1961	ADDRESS	OR CREMATORY	CA	CATION (City, to	- Coun	ty m	de
Mil	liam Rei	esettill	maa, a	md.	DATE NOV 2		Canhun &		



	MARYLAND STATE D	EPARTMENT OF HEALTH
1	19168 CERTIFICAT	TE OF DEATH
7	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
	a. COUNTY Anne Arundel MARYLAND	a. STATE Maryland b. COUNTY Anne Arundel
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
	Annapolis 3YRS	// Annapolis
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS   e. IS RESIDENCE ON A FARM?
	Anne Arundel General Hospital	505 Harbor Drive YES NO XX
	3. NAME OF First Middle DECEASED (Type or print)	OF
	George	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
		last birthday) Months Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	August 23, 1910   51 yrs.
	chemist Plastic mfg.	Maryland U.S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	WILLIAM F. GUDENIUS	CATHERINE HOFFERBERT,
•	15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I (Yes, no, or unknown)   (Ifyesgive were reference)	INFORMANT IRS MARY GUDENIUS
	44	HENERE CHOREC ANNA POLISME
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE IN Spinsters of	numma . fg. ung 22.
	Conditions, if only, which \ (b)	La faitain 3rmay
	gave rise to immediate cause	co fundament site of
Ħ	(a), stating the underlying DUE TO Charge of All	110.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  OF CONTRIBUTING CONTRIBUTING OPERATIONS  OR CONTRIBUTING COURTED  OR COURTED  OR CONTRIBUTING COURTED  OR	YES NO XX
)	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING   CAUSE OF DEATH	). (Enter neture of injury in Pert I or Pert II of item 18.)
	20c. TIME OF INJURY   Month, Dey, Year   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
		0-1-05 (1 N 20 (1
	/-	Sept. 25 , 1961, to Nov. 22 , 1961, that (I) KW) las
	saw the deceased alive onNOV	death occured atM, from the causes and on the date stated above
	220. SUGNATURE	ATTENDING MED. STAFF PHYS. T DIRECTOR PHYS. 11/24/61
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) + BANKIN SHIPLEY	121 Cathedral St., Annapolis, Md.
	23a. BURIAL, CREMATION, 23b. DAYE THERPOF 23c. NAME OF CEMETERY	T - ALX
	BURIAL 11/27/6/ NEW CATI	HEDRAL BALTO, IND,
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	WITZKE, 4101 EDMONDSON	AUE, DATHOV 27'61 arihus S. Krown

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filled in by the funeral Pages 1 and 2 should within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 houndeath age 4 may be retained by the hospital or attending physician.

TO FUNTERAL DIRECTOR: After this certificate has been signed by the attending physician and completed filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

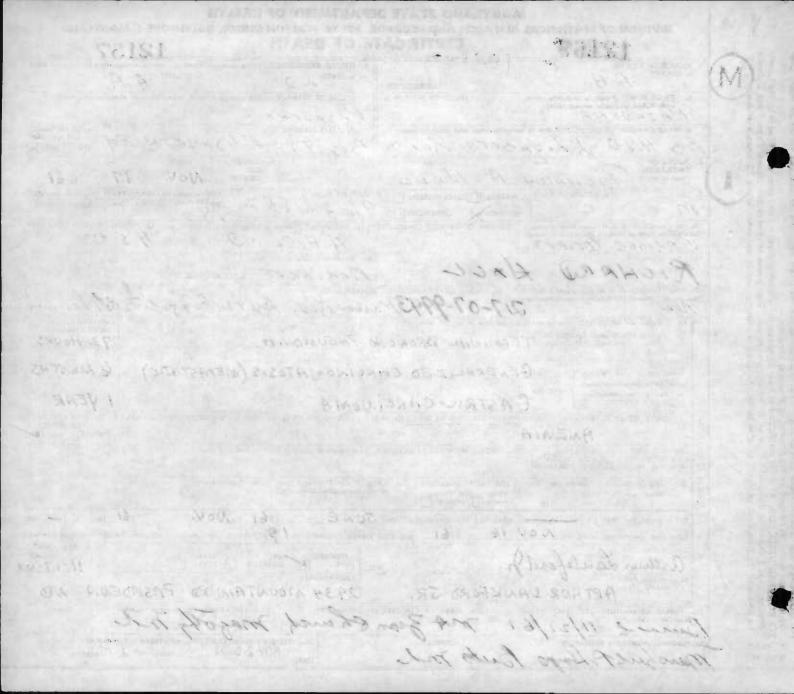
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

=	Ttom 14 Film C30	11 11/27/61 jwk			
1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution:	Residence before admission)		
	a. COUNTY A. A. MARYLAND	a. STATE M. D. b. COUNTY A	Ä		
7	A CITY OF TOWN IS autide as a series being	c. CITY OR TOWN (If outside corporate limits, write RURAL an	d give nearest town)		
	write RURAL and give nearest town)		o give hearest town)		
-	/ ASAYENA	PASADENA			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE		
1	Bux 470 Lidizabeth KORD	Boy 470 LISASETHI	Pel ON A FARM? YES NO D		
13	NAME OF First Middle	Last 4. DATE Month	Day Year		
	(Type or print) TICHARD) H. HALL	DEATH NOV.	17 1961		
	71 MARGED NETER MARKED	. DATE OF BIRTH 9. AGE (In years IF UNDER			
	MIDOWED DIVORCED	9/19/18 7 Les hirthday) Months	Days Hours Min.		
10	Da. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)		IZEN OF WHAT COUNTRY?		
	V-ARMER KETIRED	A.A. Co.M.)	5.0		
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	KICHARU HALL	MAREARET unknown			
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I		0)		
(	(lfyes give war or dates of service) 7-07-9943 ms	nin Kess boy 470 Elagahet.	R-1 Pasedias		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY	1. Paterial	ONSET AND DEATH		
	IMMEDIATE CAUSE (a) TERMINAL BRONCH	0-PNEUNIONIT	72 HOURS		
	DUE TO				
	Conditions, if any, which ) (b) GENERALIZED CA	RCINOMATOSIS (METASTATIC)	6 MONTHS		
	gave rise to immediate cause [	(11)			
	(a), stating the underlying DUE TO		11/500		
	cause last. (c) GASTRIC CARCI		IYEMK		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR			
ITA	ANEMIA		PERFORMED?		
E		. (Enter natura of injury in Part I or Part II of item 18.)			
CERTIFICATION	OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
ZAL CAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 1 20f. (City or town) (Cou	inty) (State)		
19		ory, street, office bldg., etc.)	(5.2.5)		
MEDI	p.m. 19 at work at work				
	21. I certify that (I) (this hospital) attended the deceased from	JUNE , 1961, 10 NOV. , 19	61 . that (1) (we) last		
	saw the deceased alive on NOV 16 1961, and that	death occured at.I			
	22a. SIGNATURE		22b. DATE		
К	arthur Landsford b.	D. PHYS. DIRECTOR PHYS.	SIGNED		
	22c. PHYSICIAN'S	22d. ADDRESS	11-11-6		
	NAME (Type) ARTHUR LANKFORD JR.	2934 MOUNTAIN RD. PASA	ENA IN		
			JENN NU.		
23	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION Leity fown or count	(State)		
1	REMOVAL (Specify) 11/21/61 may Zion	thuch majory mi			
12	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 256, REGISTRAR'S	SIGNATURE		
1	no al	NOV 2 0 '61 arithur	S. Krayes		
10	In and Thanks Lave me	DATE	2 -		

VR A1S (4) 1SM 7/61



# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12158

1.5.4.4	2			
1. PLACE OF DEATH a. COUNTY		The state of the s		institution: Residence before admission)
Anne Arundel	MARYLAND	a. STATE Mar	vland b. cour	Anne Arundel
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		V	e RURAL and give nearest town)
write RURAL and give nearest town)	74 40	V ping	AT TOLLARS	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	16 days	d. STREET ADDRESS	AL - Edgewater	e. IS RESIDENCE
		d. STREET MODRESS		ON A FARM?
Anne Arundel General Hospit		Rt-	1. Box-472	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Mont.	h Dey Year
(Type or print) John Thou		HAMMOND	DEATH Novem	ber 11 19 61
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH		IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male Negro WIDOWE		March 3, 188	/	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. K	IND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY
done during most of working lile, even if retired)				
Farti - laborer -		Mary 14. MOTHER'S MAIDEN	Land	U.S.
17 THER S HOME				
Unknown		Unkno		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. (Yes, no, or unknown)   (Ifyesgivewarordatesofservice)		NFORMANT	Address	
(Yes, no, or unkown) (Ifyesgivewarordatesofservice)	Ma	mie Turner-i	Rt.1 Box 472 E	ngewater, Ma.
18. CAUSE OF DEATH  Enter only one cause per I	ine for (a), (b), and (c).]			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rema			
5021	1			
Condition it was subject to	Sonot D.	near	and	
gave rise to immediate cause 1	(/-		_	
(a), stating the underlying DUE TO	Tulano	apple	under	
cause last. (c)	nave		04	
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GI	PERFORMED?
3				YES NO XX
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS  20a. ACCIDENT WAS UNDERLYING  COP. CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Part I or Part II of item 18.)	
	NAMES OF STREET	Cr Or Million /II /-	- ( 20) (Ch 4)	(County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. While the control of the		CE OF INJURY (Home, far ory, street, office bldg., etc		(County) (State)
p.m. 19 at wor	k at work			
21. I certify that (I) (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ded the deceased from	Oct. 26,	1961, to Nov. 1	1,, 1961., that (I) (Vallas
saw the deceased alive on Nov. 11		death occured at	M, from the causes	and on the date stated above
22a. SIGNATURE		ATTENDING	MED. STAFF	22b. DATE SIGNED
OR DINCICIANIS	M	D. PHYS. XX	DIRECTOR PHYS.	
22c. PHYSICIAN'S NAME (Type)	ur m		2 2 61	2.
A. T. Allen, I			dral St., Anna	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)
Burial 11-16-61	Hopes Chape		A.A.Co. Mar	yland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RE	C'D BY REGISTRAR 25b. RE	
C.E. Hicks 111 Annapo	lis, Maryland	DATE	NOV 21 '61	Irilay & Fines

VR A15 (4) 15M 7/61

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U.S. Hicker 111 Principles Benigious Services III michial. U

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be a hined by the haspital ar attending physician.

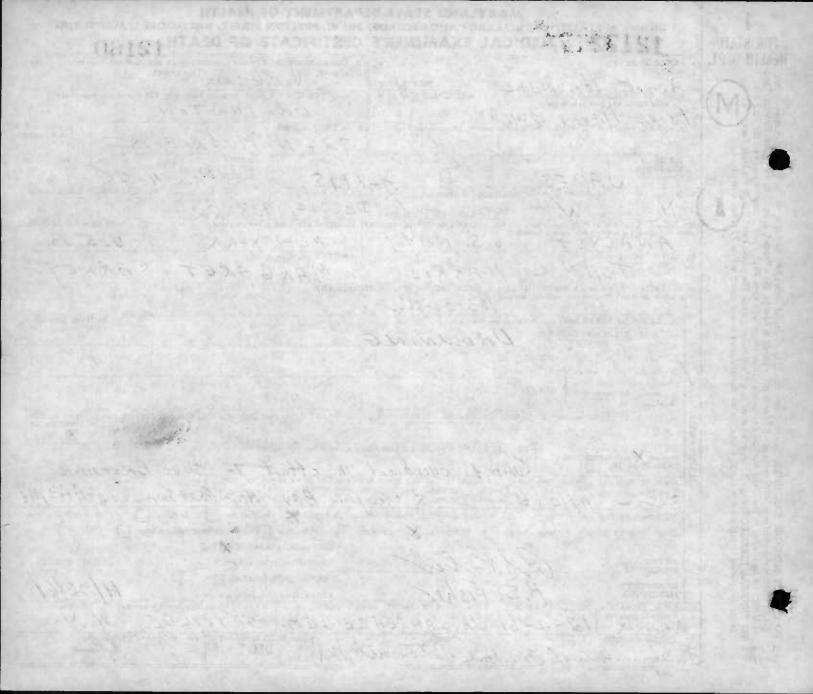
TO FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/S9

	12171 DIVISION		H AND REC		IMORE 1, A	MARYLAND	<b>21</b> 59	3			
1	PLACE OF DEATH a. COUNTY	tem 23b;	0 5	AL RESIDENCE (W	here deceased	lived. If institution	n: Residence be	fare admis	sian)		
	Anne Arundel	MARYLAN	ND S. S	Maryla	nd	b. COUNTY	Wicomic	0			
	<ul> <li>CITY OR TOWN (If outside carparate limits, wr RURAL and give nearest tawn)</li> </ul>			TY OR TOWN (IF	autside carpoi	rate limits, write RU	RAL and give n	earest tow	n)		
	Crownsville	7 yrs. 2 mc	os. s	alisbury			221	2	2		
Г	d. NAME OF HOSPITAL (If nat in haspital, give st OR INSTITUTION	reet address) Weeks	d. 9	TREET ADDRESS				e. IS RES	SIDENCE A FARM?		
L	Crownsville State Hos	oital	50	7 Dougla	s Place	е			NO 🔀		
3	NAME OF First DECEASED	Middle		Last	4. DATE	Mantl	h (	Day	Year		
	(Type or print) Katie	May		Handy	DEATH	11		23	1961		
5	. SEX 6. COLOR OR RACE 7.	AARRIED NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In years	IF UNDER 1 YEA				
I		OWED TO DIVORCED		20. 188	30	last birthday) 72 yrs.	Manths Days	Haurs	Min.		
	a. USUAL OCCUPATION (Give kind of work dane)	10b. KIND OF BUSINESS OR II					12. CITIZEN	OF WHAT	COUNTRY		
П	during mast of warking life, even if retired) Unemployed	nene	10000	Maryland			17.5	5.A.			
13	B. FATHER'S NAME			THER'S MAIDEN	NAME	11/1/19/10	0	0 . 21 .			
Г	Unknown				Unknov	777					
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. TI	7. INFORMAN	IT	01112110	Addre	ess				
1	(If we give war or dates of service)	- 3	Hos	oital Rec	ords						
-	18. CAUSE OF DEATH [Enter anly one cause p	er line for (a) (b) and (c) 1					Lin	ITERVAL BE	ETWEEN		
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditians, if any, which gave rise to immediate cause (a), stating the under- lying cause last.  (c)	Deculater Cn 3. Signe	s u	Curs							
CEPTIFICATION	PART II. OTHER SIGNIFICANT CONDITIC  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU					N IN PART 1(a)	PERFC	AUTOPSY DRMED?		
MEDICAL		Od. INJURY OCCURRED 20e (hile Nat while wark at wark	e. PLACE OF I factory, stre	NJURY (Home, farr et, affice bldg., et	m, 20f. (City	or tawn)	(Caunt	γ)	(Stote)		
	21. I certify that (I) (this haspital) attended the deceased fram. $9/9$ 1254 to $11/23$ 1961, that (I) (we) last saw the deceased alive an $11/23$ 1961, and that death accurred 15a. M, fram the causes and an the date stated above.										
	220. GIGNATURE  ATTENDING MED. STAFF 11/24/61  220. DATE SIGNED  220. ADDRESS  220. ADDRESS										
	NAME (Txpe) Hildegard Hea:	rd Reissman, M.	. D.	Crownsvi.	lle Sta	te Hospi	tal, Ma	rylan	id		
2:	30. BUATAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 11/29/61	23c. NAME OF CEMETER	RY OR CREMA	TORY	23d. LOCAT	ION (City, tawn, ar	county)	C. (State	te)		
2	FUNERAL DIRECTOR'S SIGNATURE	1 / ADDRESS 17	/	2Sa. REC	D BY REGISTI	RAR 256. REGIST	TRAR'S SIGNAT	URE			
-	Booles M. West	Welliam Has	ucles	DATE	OV 2 9 '6	1	Hun & Ka				

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ND STATE DEPARTMENT OF HEALTH ON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY uneral director. Page e. STATE b. COUNTY is necessary, files. MARYLAND CITY OR TOWN (if outside corporele limits, c. LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL and give nearest town) YOUR 0 write RURAL and give negrest town? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Po d. STREET ADDRESS Boal e. IS RESIDENCE ON A FARM? may be retained State YES NO death NAME OF First Middle 4. DATE DECEASED MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the the DEATH (Type or print) affer 19 2 with SEX 6. COLOR OR RACE IF UNDER 24 HRS. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED Suno last birthdey) Months Deys Hours 8 5 m. WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY form PM3. Page ... 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ANA within permit. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) Office along with burial-transit perm any 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN .5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: removal, and IMMEDIATE CAUSE (e) DUE TO (b) geve rise to immediate cause Medical Examiner's 10 DUE TO (e), steting the underlying 35 6 cause lest. should be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word X NO T 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Port I) of item 18.) CAUSE OF DEATH. 1/20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20f. (City or town) (County) (Stete) fectory, street, office bidg., etc.) While Not While JATALLISHED et work chesa, beala 11200 et work 19 6 should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy (2). Inspection Inquiry and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION. 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22c. TO DI REMOVAL (Specify) 0 0 emora ¥ 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME Cathur & Krous 5M 7/59



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death use the may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in entry event, within 72 hours after death.

VR A1S (4) 15M 7/61 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12173 CERTIFICATE OF DEATH
13414

a. COUNTY					f institution: Residence before edmiss
	Anne Arund	el maryland	a. STATE Mary	land b. cou	Anne A undel
b. CITY OR TOWN (if	foutside corporate limits, give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporata limits, wri	ite RURAL and give nearest town)
Annapol		23 days	X RURA	L - Galesvill	e
		of In hospital, give street eddress)	d. STREET ADDRESS		e. IS RESIDEN
Anne Arunde	1 General Ho	spital			ON A FAR
3. NAME OF	First	Middle	Last	4. DATE Mont	
(Type or print)				OF	
5. SEX	Alice		HARTGE	DEATH Novem	
D. SEA	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Deys Hours Min
Female	I MATTOC	VIDOWED TO DIVORCED	December 31,	1881 79 yrs.	Months Days Hours Mil
10a. USUAL OCCUPATE	ON (Give kind of work king life, even if retired)	106. KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (Count	ty & State, or foreign country	12. CITIZEN OF WHAT COUN
Housewife			BrisTOL Maryl	and	U.S.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Lewis Pr	aston W/	11 50 4/	ELIZABET	-H A. C.	
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO.   17.	INFORMANT	Address	10 NS
(Yas, no, or unkown) (If	yes give wer or datas of sarvi	(ca)		2015 - 1	.11 2.1
I 18 CRITER OF DE	PRTH Katas and and	use per line for (e), (b), end (c).]	MA H. STR	ONL, Wale	sville, Md.
	WAS CAUSED BY	1	1 0		INTERVAL BETWEEN
	MMEDIATE CAUSE (a)	Cirilis - Va	sailar lec	willing -	
331	DUE TO	4			
Conditions, if eny,	which (b)	arthrode	with en		
gave rise to immedie	ita cause				
(e), steting the un	derlying	Chamai	· alance	1)0	
	SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO			VEN IN PART 1(a)   19. WAS AUTOP
2	ordinarion compinion	TO CONTINUE TO DEATH BOTTAGE	OT KLEANING TO THE TERMINA	INE DISEASE CONDITION GI	PERFORMED
2					YES NO
PART II. OTHER  OF CONTRIBUTING [  OR CONTRIBUTING [  U   F EITHER, NOTIFY	CAUSE OF DEATH	06. DESCRIBE HOW INJURY OCCURED	D. (Enter nature of injury in P	'art I or Part II of item 18.)	
	MEDICAL EXAMINER)				
20c. TIME OF INJUR	Y Month, Dey, Yaar		ACE OF INJURY (Home, ferm,		(County) (State)
Hour s.m.	19	While Not While fac	tory, street, office bldg., etc.)		
Pinii			111.	to 19 . Nor	20 10 67 1 10 (37
		attended the deceased from.			
	ed alive onNOV	729.,19.61., and that	t death occurred at	M, from the causes	
22e. SIGNATURE	A /1- 1.	1	7 10	MAED. STAFF	22b, DA1
6	mus ALVV	rlam "	A.D. PHYS. X DI	RECTOR PHYS.	11/30/6
22c. PHYSICIAN'S NAME (Type)	777 - 717	77.7 . 37 D	22d. ADDRESS	111 15 25 2	
, , , , , ,	Emily H.	Wilson, M.D.		othian, Maryl	and
23a. BURIAL, CREMATIC	ON, 236. DATE THEREOF	F 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	own or county) (Steta)
REMOVAL (Specify)	Dec / 19	161 BUAKER		GALESC	11/21 E Ma
24 FUNERAL DIRECTOR'	S SIGNATURE	ADDRESS	A 25a. REC	D BY REGISTRAR 256. RE	EGISTRAR'S SIGNATURE
TA dela	analont +	-Sou Calmi	00 16/1 /		
I / N TTU	ousing!	JON GUERN	WE MIGIDATE DE	EC 8 '61   C	I then S. Kinns
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VS A15 (4) 15M 9/55

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# 1217 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.1

1. PLACE OF DEATH o. COUNTY A	nne Arunde]	_	MARY	<b>CLAND</b>	2. USUAL RESI	Marvl		l lived. If instituti b. COUNTY		e before o		
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR			rote limits, write R				
Annapolis			ll yr	s.	10 Anna	polis						
d. NAME OF HOSPIT OR INSTITUTION 30 Cornhi	AL (If not in hospital, g	ive street	address)		d. STREET A	DDRESS	1 Stre	et .			RESIDEN	RM?
3. NAME OF DECEASED	Fir	st	Middle		Los	st.	4. DATE OF	Mor	nth	Day	Year	
(Type or print)	Flizs	heth	Chew		Harvey	7	DEATH	Nov.		19	19	61
5. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRI	ED 🔲	B. DATE OF BIRT			9. AGE (In years	IF UNDER 1	YEAR IF	JNDER 24	4 HRS.
F	C	WIDOWE	DIVORCE	D	Jan. 23	- 187	3	lost birthday) 88 yrs.	Months	Doys H	ours	Min.
100. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS C	R INDUS	TRY 11. BIRTHPI	ACE (Stote	or foreign co	ountry)	12. CITIZ	ZEN OF W	/HAT CO	UNTRY?
	Laundress-		Naval Acar	demv	Anna	mlie	Mary	fland	U.	S.A.		
13. FATHER'S NAME			A CONTRACTOR OF THE CONTRACTOR	-	14. MOTHER'S	MAIDEN N	AME	<u> </u>				
John Chew					Harri	ett. J	ohnson	TATAL				
15. WAS DECEASED EVE			SOCIAL SECURITY NO	. 17. 10	NFORMANT	.000 00	OIMISOI	Add	ress	100		
(Yes. no. or unknown)	(If yes, give war or dates of s		None	CT	e [[abus	Coste	e-30 C	ornhill	S+ A-	200	ua.	
	TH [Enter only one co				uuqo <u>rra</u>	ooa rea	0-00-0	OTTHULL	OU. AI		L BETWE	EENI
	TH WAS CAUSED BY:		oronary He		Disease					ONSEL	yrs e	ATH
481	DUE TO				4616							
Conditions, if a	ny, which )		cute influ	enza						3	days	
gave rise to in	mmediate (										100	
lying cause lost.	the under-	G	eneralized	Art	erioscle	rosis				20	yrs	3 e
	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	/FN IN PART		VAS AUT	
CA CA										P	ERFORME S N	ED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY O	CCURREE	). (Enter noture o	of injury in P	ort I or Port	II of item 1B.)				
20c. TIME OF INJUR Hour a. fr. p. m.	Y Month, Day, Yeo	While at work	Not while at work	20e. PLA foo	ACE OF INJURY ( story, street, office	Home, farm, bldg., etc.)	20f. (City	or town)	(Co	ounty)		(Stote)
21. I certify the alive of over	at I attended the abery 19,	decease 191	A- 1		0 19 59 occurred at	5:30		the causes of the cause of			tated	
PHYSICIAN'S TH	meodore H.	ohins	son, M. D.		37 Calve	ert St	reet,	Annapol	is, Md	e		
220. BURIAL, CREMATIO	N, 226. DATE THEREC	F	22c. NAME OF CEM	ETERY OF	R CREMATORY		22d. LOCAT	ION (City, town,	or county)		(State)	
REMOVAL (Specify)	Nov. 22-	61	Brewer	Hil	1		Ann	apolis,	Md.			
23. FUNERAL DIRECTOR			ADDRESS				BY REGISTE	RAR 24b. REGI	STRAR'S SIGN	NATURE	14.	
C.E.Hicks	111 Anna	polis	s, Maryland	d		DATE NO	DV 2 4 16	61 a	rthur S.	Francis		

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MAPYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) I frant lay is necessary, othe foneral director. Page a retained for your files. a. COUNTY b. COUNTY MARYLAND Anne Arundel Anne Arundel b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) rural - Riva d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TH Sylvian Shares Anne Arundel General Hospital DATE Month Year DECEASED OF 3 to the irs after de (Type or print) DEATH 19 61 HERR November AGE (In years | IF UNDER 1 YEAR should be executed within 24 hours after death 19" in pencil in Item 18. Give Pages 1, 2, and 3 to 9's Office along with form PM3. Page 5 may be a burial-transit permit. File pages 1 and 2 with a burial-transit permit. File pages 1 and 2 with S. SEX 6. COLOR OR RACE 7. MARRIED XXNEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. may 2 last birthday) Months Days female White Jan. 23. WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA N.C. House wife own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Warren Spruill Viola Andrews 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifves give war or dates of service) Thomas R. Hebb- Husband, same as # 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracerebral Hemorrhage DUE TO removal Conditions, if any, which (b) gave rise to immediate cause "pending" execute the certificate, writing the word "pending" ld be forwarded to the Chief Medical Examiner's VERAL DIRECTOR: Page 3 should be used as a designated agent, prior to burial, cremation, or ren DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION de PERFORMED? NO -20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. the C. Page 3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion MEDICAL death resulted from: Natural causes x Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forware FUNERAL DIS ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Petty Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) DE REMOVAL (Specify) Q40 9 Annapolis, Maryland Hillcrest Cemetery Dec. 4.1961 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Hopping Funeral Annapolis, Md. O Thun & Traines DATE DEC 4 5M 9/60

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Charles S. Fetty

# FOR STATE please execute the certificate, writing the word "pending" in pending in them 18. Give Pages 1, 2, and 3 to the bracksdor, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your tiles. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2. This The State Board of Heath, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

	MARY	LAND STATE D	EPARTMENT OF	HEALTH	
Division of STA	TISTICAL RESEAR	CH AND RECORDS	, 301 W. PRESTON S	TREET, BALTIMO	DRE 1, MARYLAND
12176	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	12163

Anne Arundel MARYLAND	a. STATE b. COUNTY
P. P	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Green Haven, P.O. Pasadena 3 months	X Same
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Box 88 Duvala Highway	Same YES NO
B. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) Sarah A.	Hite OF Nov. 14th. 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Nov. 14th. 19 6]  B. DATE OF BIRTH 9. AGE (In yeers   F UNDER 1 YEAR   IF UNDER 24 HRS,
	last birthdey) Months Deys Hours Min.
F WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 100. KIND OF BUSINESS OR INDUS	1 3/15/88   73 yrs.
done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Retired seamstress	North Carolina USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Chapel	? unknown
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	. INFORMANT Address
Yes, no, or unkown) (Ifyesgivewerordetesofservice) No 216-09-2790	Mrs. Marie Saumenig (daughter)Same address.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
BARTA BEATH WAS CAUSED BY	ONSET AND DEATH
IMMEDIATE CAUSE (e) Carcinoma of	Vetrus Over 7 mon
174X DUE TO	
Conditions, if eny, which (b)	
geve rise to Immediate cause DUE TO	
(e), steling the underlying cause last.	
(0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED? YES NO
200. EXTERNAL CAUSE WAS   200. DESCRIBE HOW INJURY OCCURED	YES NO . (Enter nature of injury in Pert I or Pert II of item 1B.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH.	. Emilian source of supery street of the street leaf
20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. P	PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete)
Hour e.m. WhileNot While f	fectory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above,	
death resulted from: Natural causes . Accident . Su	uicide, Homicide, Undetermined manner
1 1 And	CHIEF MEDICAL EXAMINER
ACTUAL Sustine Attentes AND	M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
	DEPUTY MEDICAL EXAMINER K 11/14/61
EXAMINER'S NAME (Type) Gustave H. Faubert, M.D.	Address (Street, city, town, or county) Glen Burnie, Md.
	OR CREMATORY 22d. LOCATION (City, town, or country) (State)
BURIAL (Specify) 11-16-61 Glen Haven	
REMOVAL (Specify)	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE

VS. A15ME 5M 9/60

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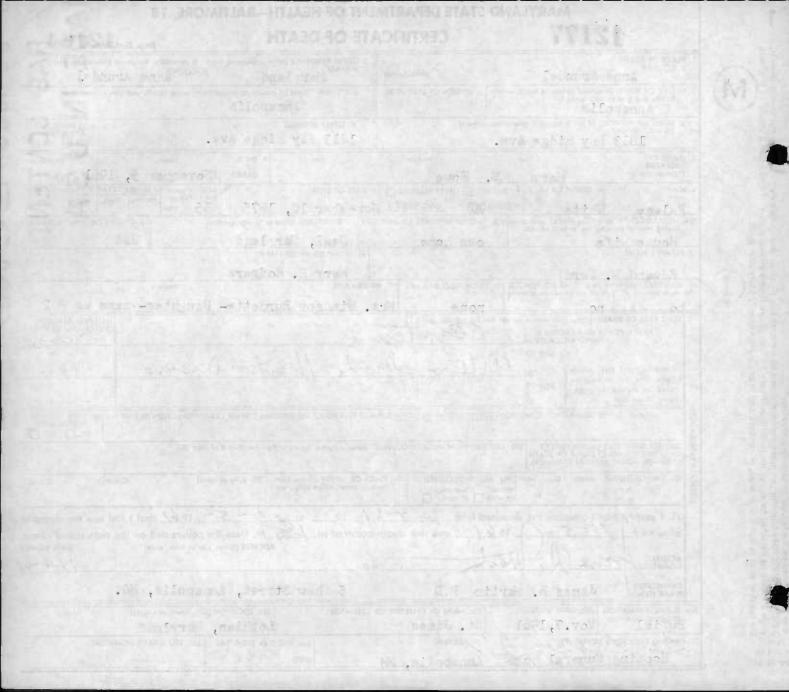
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12177

**CERTIFICATE OF DEATH** 

	-4	634	10	A
Reg.	Dist.	160	LO	4

	PLACE OF DEATH COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE o. STATE Mary	E (Where deceased	lived. If institution b. COUNTY	on: Residence b	efare admission)	
	b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Annapolis	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside corpora				
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 1813 Bay Ridge Ave.	address)	d. STREET ADDRE	ss Ridge Av	·••		e. IS RESIDEN ON A FAR YES NO	M?y
	NAME OF First DECEASED (Type or print) Marv E	Middle Howe	Last	4. DATE OF DEATH	Novemb		Day Year .961 19	
	6. COLOR OR RACE 7. MARK	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH				AR IF UNDER 24	HRS. Min.
	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSE WIFE FATHER'S NAME	own home		State or foreign course land DEN NAME	ntry)	USA	OF WHAT COL	UNTRY?
	Edward W. Ford			Rodgers				
15. {Ye	WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  no		NFORMANT S. Windsor	Rundatta_	Addr		# 2	
NO	Canditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS C	terroscler	othe //	Part TERMINAL DISEASE O	Disease CONDITION GIVE	EN IN PART I(o	/ Ya	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR <b>RE</b> E	). (Enter nature of inju	ry in Part I or Part II	of item 18.)		PERFORMEI YES NO	
MEDICAL	Hour o. m. While	Not while of work	ACE OF INJURY (Hame, lory, street, office bldg	form, 20f. (City o	r town)	(Coun	ty) (5	State)
	21. I certify that I attended the decease olive on 199 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) James R. Martiname (Type)	ond that death	occurred of	ADDRESS (Street,	the couses o	nd on the (	dote stated o	
220	BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Nov. 7. 1961	22c. NAME OF CEMETERY OF		22d. LOCATIC	ON (City, town, or	county)	(State)	
-	Hopping Funeral Home	Address Annapolis Md	24o. DATI	REC'D BY REGISTRA	R 24b. REGIS	TRAR'S SIGNAT		



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY b. COUNTY e. STATE the d 2 Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) .= Riviera Beach Riviera Beach 23 yrs. Pages illed i aff d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS hours 8421 Arbutus Rd. 8421 Arbutus Rd. 3. NAME OF Middle 4. DATE Month DECEASED comple (Type or print) DEATH John R. Ingram Sr. Nov. 23. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In yeers | IF UNDER 1 YEAR B. DATE OF BIRTH last birthdey) Months WIDOWED TO DIVORCED March 13, 1887 Male White physician remove 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Country & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Cable Splicer U.S. Telephone Co. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending John H. Ingram Everyn F. Nichels 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO.1 (Yes, no, or unkown) | (Ifyesgivewerordetesofservice 212-10-0503 Mr. Charles E. Ingram 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH g physicial signed by PART I. DEATH WAS CAUSED BY: Respirator IMMEDIATE CAUSE (a) burial-transit DUE TO attending Cerebral metas tases Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying has cause lest. the 5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS CONDITION GIVEN IN PART 1(e) 119. WAS AUTOPSY certificate CERTIFICATION Se use 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) F OR CONTRIBUTING CAUSE OF DEATH After this 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 1 2Df. (City or town) (County) Month, Dev. Year factory, street, office bldg., etc.) Not While While at work et work DIRECTOR: attended the deceased from... saw the deceased alive on. 22e. SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS. PHYS. ERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed TO FU 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 1961 Cedar Hill Cemetery Ritchie Hwy A. A. Co. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4001 Ritchie Hwy. (25) Osthur & Krains DATE NOV 3 0 '61

e. IS RESIDENCE

YES NO X

19 61

IF UNDER 24 HRS.

PERFORMED?

NO X

(Stete)

22b. DATE

SIGNED

Hours

ON A FARM?

VR A15 (4) 15M 9/60

J. Gence

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VR A15 (4) 15M 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

19174 CERTIFICATE OF DEATH

12166 12179 12166

1)		PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	ICE (Where decaesed	lived, If Institution:	Residence before admission)	
J		ANNE ARUNDEL	MARYLAND	a. STATE	D	b. COUNTY	+. A.	
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate li	mits, write RURAL an	d give nearast town)	
		ANNAPOLIS		10 ANI	VAPAL	15		
1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	ilal, give straet address)	d. STREET ADDRESS		Λ	a. IS RESIDENCE	
1		HONL ANNADOLTO MADVIAND		QIN Will	VDSDR	AVF.	YES NO N	
	3.	NAME OF First	Middle	Last	4. DATE	Month	Day Yeer	
	100	DECEASED (Type or print)	3000011		OF DEATH	300	10 /-	
	5.	SEX JOSEPH Peter JA( 6. COLOR OR RACE   7. MARRIED	JOHSON AAADDIED [7]   8	DATE OF BIRTH		Jember (In years   IF UNDER 1	22 19 61 YEAR   IF UNDER 24 HRS.	
"	7				last b	birthday) Months	Days Hours Min.	
		laro logue	ND OF BUSINESS OR INDUSTR		inty & Stata, or foreign	3 yrs.   8	3   IZEN OF WHAT COUNTRY?	
	do	during most of working life, even if ratired)		Kura	O C	MAD 7	1 ( 1	
	13.	FT MACHINEST U.S. N. IIIA	CHINEST	MANA	POLIS 1	110 9	13,4	
	13.			14. MOTHER'S MAIDEN	NAME	1	1/	
	4 17	ELISHA JACOBSOI		MATHEN	INE 1	TELLE	<u>y</u>	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S s, no, or unkown) (Hyesgivewarordatesofservice)	OCIAL SECURITY NO. 17. I	NFORMANT	NA T	Address	(A)	
		Mes World War I	F	VELYN.	M. JAC	OBSON	(2)	
		18 CAUSE OF DEATH Emtar only one cause par lin	na for (a), (b), and (c).]				INTERVAL BETWEEN	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(cronous)	Monte	un		Justantaneo	u
		Talo Due to	- ( t1	1	1	^	1	
		Conditions, if any, which ) (b)	enusila	volue 1.	toast	1 1 COLOSE	Larai	
		gava risa to immadiata cause		00 - 00	1 6-001	Coche		
		(a), stating the underlying DUE TO						
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	INAL DISEASE CONDI	TION GIVEN IN PART	1(e) 19. WAS AUTOPSY	
	CERTIFICATION		11:00				PERFORMED?	
9	IFIC,	20a. ACCIDENT WAS UNDERLYING [   20b. DESC	RIBE HOW INJURY OCCURED	(Enter nature of injury in	Part I or Part II of iter	m 18.)	1113 🔲 110 💽	
	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(				
			NJURY OCCURRED   20e. PLA	CE OF INJURY (Home, far	m, 20f. (City or tow	vn) (Cou	nty) (Steta)	
	MEDICAL	Hour e.m. While	Not While fact	ory, street, office bldg., etc		(000	(31616)	
1	X	p.m. 19 at work		5	1	2) 1 ( ) 1	,,	
		21.   certify that (I) (this hospital) attend	ed the deceased from	3 may	19. Sel 10	IV.U.U., 198	of, that (I) (we) last	
		saw the deceased alive on	19.6. (, and that	death occurred at?	M, from the	causes and on		
		22a. SIGNATURE		ATTENDING	MED. STA	AFF	22b. DATE SIGNED	
		Edward Tem	M.	.D. PHYS.	DIRECTOR PHY		11-22-6	
		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	1/11/11	MACRIT	MI MAIN ON	15
		Edward C. KEENI	3	U->. W	WUAL I	HOSPII	HU, KINIVIO	Ų.
	238	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	234 LOCATION	(City, town or count	y) (State) M	り
	To	Surge 11-25-61	At Mary	o Cent	Um	rapoles	Md.	
		TUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RE	C'D BY REGISTRAR	256. REGISTRAR'S	SIGNATURE	
-		John M. Taylor	ans luna	palis MODATE N	OV 2 7 '61	arihun S.	thous	
19	7			- 1				-

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may, beined by the hospital or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled. By the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death.

VR A1S (4) 15M 9/59

	12180 DIVISI	ON OF STATISTICAL RES	TATE DEPARTMENT OF HEALTH SEARCH AND RECORDS — BALTIMORE 1, MARYLAN IFICATE OF DEATH
-	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If

1. PLACE OF DEATH o. COUNTY AND Arundel, MARYLAND	. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \) NO
3. NAME OF DECEASED (Type or print) AND PEW VINTON JEN	Last 4. DATE Month Day Year DEATH // 20 - 1961
MIDOWED DIVORCED 4	DATE OF BIRTH  9. AGE (In years lost birthdoy)  4-1889  9. AGE (In years lost birthdoy)  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  14. MOTHER'S MAIDEN NAME
Jeans A. Jannings  15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17/NFC	Teorganya Jennings
(Yes no, or unknown) (If yes, give war or date of service)	risy flymings severyate ms.
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	uste C. V. desense-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter noture of injury in Port I or Port II of item 1B.)
	OF INJURY (Home, form, 20f. (City or town) (County) (Stote) y, street, office bldg., etc.)
21. 1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on 11-17-19 ond that dec	th occurred at TM, from the causes and on the date stated above.
22c. PHYSICIAN'S	ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. D
NAME (Type) Severno Cork n	ACC:
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CONTROL (Specify) 11-24-61 Down He	cek Lobinson, ma
24 FINERAY DIRECTOR'S SIGNATURE ADDRESS ADDRESS MA	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  DATE NOV 2 4 '61 Cuthur S. Kraus

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A Noticil Waren has I gove find the many to be a find TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death ege 4 may be retained by the hospital or attending physician.

IO FORRAL DIRECTOR: After this certificate has been signed by the attending physician and complementally filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removalty-and in any event, within 72 hours after death

VR A1S (4) 15M 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12181 CERTIFICATE OF DEATH 12168 -

1. PLACE OF DEATH			2. USUAL RESIDEN	CE (Where deceased lived, If b. COUN	institution: Residence before admission)
) A	nne Arundel	MARYLAND		rland	Anne Arundel
b. CITY OR TOWN (	f outsida corporata limits, give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate limits, write	RURAL end give nearest town)
Annapol		25 days	X piin	L - Severn	
d. NAME OF HOSPIT	TAL OR INSTITUTION (if not	in hospitel, giva street address)	d. STREET ADDRESS	TT - Develu	e. IS RESIDENCE
				m	ON A FARM?
Anne Arund	el General Ho	spital	Box-	117A, Telegrap	h Rd. YES NO
DECEASED	First	Middle	Last	4. DATE Month	Dey Year
(Type or print)	Anna		JOHNSON	DEATH Novem	ber 13 <sup>19</sup> 61
5. SEX	6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED	B. DATE OF BIRTH 191	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	White w	DOWED X DIVORCED	May 3, 1900	57 SX yrs.	Months Days Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired)	10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ноизешо		Own Home	Maryla	ind	U.S.
13. FATHER'S NAME	1		14. MOTHER'S MAIDEN		
			44	de Dunale	
15. WAS DECEASED EVI	ER IN U.S. ARMED FORCES?	AVIS 16. SOCIAL SECURITY NO.   17.	Mau Mau	de Purple	
(Yas, no, or unkown) (If	fyes give war or detes of service	a)			
T NO	1//////////////////////////////////////	// none   M	ir. Clarence	Johnson	Same As #2
		se par line for (e), (b), end (c).]			ONSET AND DEATH
PARI I. DEATI	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Uremia			1 year
600.0	DUE TO	11. 0	, , ,		
Conditions, if any	, which \ (b)	hromis Puel	mephritis		2040045
gave risa to immedi	ete cause	Jets Jets	ciclos cities		1000
(a), steting the un	nderlying DUE TO				
cause lest.	) (c)				
PART II. OTHER	SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
- AT					YES NO XX
PART II. OTHER  OF CONTRIBUTING OR CONTRIBUTING OR LIFE EITHER. NOTIFY	AS UNDERLYING   201	DESCRIBE HOW INJURY OCCURE	D. (Enter nature of injury in	Pert I or Pert II of item 18.)	
U (IF EITHER, NOTIFY	MEDICAL EXAMINER)				
ZOC. TIME OF INJU	RY Month, Day, Year	20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, far	m, 20f. (City or town)	(County) (Stete)
20c. TIME OF INJU			tory, street, office bldg., etc	:.)	
	19	et work et work	0 4 30	/3 >7	
					2,, 19.61, that (1) (XXX) last
saw the deceas	ed alive on NOV	12, 1961, and tha	t death occured at	M, from the causes	and on the date stated above,
22a. SIGNATURE	1 1 1	100	2:00		22b. DATE
Kin	Kand 11	Has be and		MED. STAFF	11/13/61
22c. PHYSICIAN'S	uny 4.	flother willing	22d. ADDRESS		21/1/01
NAME (Type)	Richard I.	Hochman, M.D.	100 Cathe	dral St., Anna	polis. Md.
OR CURIAL CREATE	ON, 23b. DATE THEREOF			23d. LOCATION (City, tox	
REMOVAL (Specify)			Mem. Park	Glen Burni	
24 FUNERAL DIRECTOR		ADDRESS	25a. RE	C'D BY REGISTRAR 256. REG	
Tiland V	Singlitan	> Glen Burnie,	Md. PARV	15'61 arth	or 8. Kraus
7	1	dreu nature'	TOWEN	1 3 01	2. / / / / / / / / / / / / / / / / / / /
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1 %	T	te Pigi	sion of	STATIS	HIGAL	MAR RESEA	ARCH A	D STAT	E DEP RDS, 3	ARTM 01 W. P	ENT (	OF HE	ALTH	ALTIM	ORE 1, /	MARY	LAND
FOR STATE	1	2/4/61	123	182	WEI	DICA	L EX	AMINE	R'S C	CERTII	FICA	TE O	F DE	ATH	12	216	9
HEALIH DEPI.	1.	PLACE OF I					0 5		2.	USUAL R	ESIDEN	CE (Whan	e decease	b. COUN		Residence	before edmission
Pag Pag	_	b. CITY OR TO		Arur			I Inica	MARYLAN			-	rland			Ar		rundel
irector.			AL end giv	ve neerest to	own)	,	c. LENG!	IH OF STAT IN	I	c. CITY OR	( IOWN (	If outsida o	corporeta	limits, write	RURAL an	d give ne	parest town)
	-	d. NAME OF	Anna HOSPITAL	OR INSTIT	UTION (if	not in ho	spilal, give s	streel address)	/	de STREET	<b>Anna</b> ADDRESS	polis					e. IS RESIDENCE
lay ind for Boar				lardes							77 11			A			ON A FARM?
State	3.	NAME OF DECEASED	-	ardes	First	our.c		Middle	- 11	Last	11 11	A. DAT	E	Court	1	Dey	Yeer
If a the the or der der der der		(Typa or print)			CHAR	LES			1	JOHNS	SON	DEA	тн ]	Vovemb	er	1	19 61
eath 13 to 17 b 17 b 17 b 17 b 17 b 17 b 18 to 18 to 1	5.	SEX	6	COLOR O	R RACE 7	. MARRI	ED NEVE	R MARRIED	8. DA	TE OF BIRTI			9. AG	E (In years birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.
er d and ma 2 v	1	Male		Color		WIDOWI		DIVORCED	1//-	16-	193	5/	1 2	29 yrs.			Hours Min.
s aft 1, 2, 1, 2, ge and and 72 h	do	. USUAL OC	of working	l (Give kind g life, even	of work if retired		CIND OF BUS	SINESS OR IND	USTRY 11	1. BIRTHPLA	CE (State	or foreign	country)		12. CI	IZEN OF	WHAT COUNTRY
nour ages I. Pa les 1	13	FATHER'S N	ME	ea					1.14	MOTHER'S	19.	in	uc	2	U	10	1A.
T S D W D D D D D D D D D D D D D D D D D			8	MA	200	14	Ash	11100	1	100	a di	11	-/	n Ke	,	an	nole.
E E E		WAS DECEA					SOCIAL SE	CURITY NO.	17. INFO	RMANT	Ca	n	no	Address	10	er	
d will had	(Y.	CILA	wn) (Ifye	giveweror	detes of ser	vice)			Has	inst	od.	Ria	220	411	401	de	to Oto
Ifen Ifen I hen t per t		1/				euse per	line for (a),	(b), end (c).]	1100	7,00				71	110-4	INTE	RVAL BETWEEN ET AND DEATH
exection in including ansigned in including in		PART I		AS CAUSE		F	atty :	Liver								ONS	EI AND DEATH
j bender ale ale ale	E	2	51	0 0	DUE TO												
i i ould		Conditions,			(b)												
ding ding er's as a		(e), steting		-	DUE TO												
ifica penc amin sed n, o	z	cause last.	OTHER SI	GNIFICANT	(c)_	ONS COL	NTRIBUTING	TO DEATH BL	IT NOT REL	ATED TO T	HE TERMIN	NAI DISEA	SE CONI	DITION GIV	EN IN PAR	T 1(a) ( 10	. WAS AUTOPSY
rd "rd " LEX De u	ATIO																PERFORMED?
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DICA e certif arded RECT egent,	1	death resu	lted from	n: Nat	ural cau	ses	, Accid	ent,	Suicide	, Ho	omicide		Undete	rmined m	anner		
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June June 1986 Li

Charles S. Felty, M.D.

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Example 11-4-1111 Parane - Free English Life

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 19193

16100					
o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland			1/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16			ite RURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDE ON A FA	
Crownsville State Hosp	ital	2229 Drui	d Hill Aven	le YES N	40 🔀
(Type or print) Lucius	Middle .	Johnson	4. DATE OF DEATH	Month 9 Yeo	61
37 3	22,000		9. AGE (In ye lost birthde	ears oy) Months Doys Hours yrs.	Min.
during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COL	JNTRY
	Inson				
res, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17, IN		ords	Address	
1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Septicemia			INTERVAL BETWONSET AND DE	
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  (b)  DUE TO	Decubital U1	cers			
PART II. OTHER SIGNIFICANT CONDITIONS C			All and the second	PERFORM	AED?
200. ACCIDENT WAS UNDERLYING 20b. DESCOR CONTRIBUTING 405E OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE				
20c. TIME OF INJURY Month, Doy, Year 20d. It Hour o. m. 19 White ot wor	Not while for			(County)	(Stote
21. I certify that (I) (this haspital) attends saw the deceased give an 11/9	61	12:30	,	, 19 <mark>61</mark> , that (I) (we s and an the date stated a	
220. SIGNATURE	1	ATTENDING ME	ED STAFF	11/9/	
22c. PHYSICIAN'S NAME (Type) L. Benedict, N	I. D.	22d. ADDRESS Crownsvi.	lle State Ho	spital, Maryland	1
30. BURIAL, CREMATION, 23b. DATE THEREOF III 1961	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (Gity) to	own, or county) (Stote)	
Jeb. M. Kellan	ADDRESS 1348 N. Cal	A AT"	121 0 121	REGISTRAR'S SIGNATURE	
MARINIA DE LA CAMPINA DE LA CA	PLACE OF DEATH  o. COUNTY  Anne Arundel  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Crownsville  d. NAME OF HOSPITAL (If not in hospital, give street or or Institution  Crownsville State Hosp.  D. NAME OF DECEASED (Type or print)  I. Lucius  S. SEX  6. COLOR OR RACE  7. MARR  Male  OG. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  3. FATHER'S NAME  UNKNOWN  III. S. ARMED FORCES?  IVes. To. or unknown)  III. CAUSE OF DEATH [Enter only one couse per limited of the couse (o), stoting the underlying couse lost.  Chronic Brain Syndrome A  20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTIONS (C)  Chronic Brain Syndrome A  20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTIONS (C)  Chronic Brain Syndrome A  20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTIONS (C)  Chronic Brain Syndrome A  20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTIONS (C)  Chronic Brain Syndrome A  20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTIONS (C)  Chronic Brain Syndrome A  20b. DEST  OF CONTRIBUTION (I) (this haspital) attends as we the deceased glive an 11/9  21. I certify that (I) (this haspital) attends as we the deceased glive an 11/9  22c. PHYSICIAN'S NAME (Type) L. Benedict, M.  23b. BURIAL, CREMATION, 23b. DATE THEREOF	PARCE OF DEATH O. COUNTY Amne Arundel  b. CITY OR TOWN (if outside corporote limits, write RURAL ond give neorest fown) Crownsville  d. NAME OF HOSPITAL (if not in hospital, give street oddress) OR INSTITUTION Crownsville State Hospital  NAME OF HOSPITAL (if not in hospital, give street oddress) OR INSTITUTION Crownsville State Hospital  NAME OF DECEASED  First Middle Lucius  SEX  6. COLOR OR RACE Negro WIDOWED DIVORCED  OO. USUAL OCCUPATION (give kind of work done during most of wpriking life, even if retried)  J. FATHER'S NAME UNIKNOWN  S. WAS DECEASED EVER IN U. S. ARMED FORCES? If SOCIAL SECURITY NO. If ye, give wor of dates of service) UNIKNOWN  1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying coose lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Chronic Brain Syndrome Associated with 19 and 1	PLACE OF DEATH  C. COINTY  ATME ATUNDE  B. CHY OR TOWN (if outside corporate limit, write RURAL ond give neorest town)  C. LENGTH OF STAY IN 1b  B. CHY OR TOWN (if outside corporate limit, write RURAL ond give neorest town)  C. COWNS VIILE  D. C. LENGTH OF STAY IN 1b  B. C. LENGTH OF STAY IN 1b  B. C. LENGTH OF STAY IN 1b  B. C. CITY OR TOWN (if on the popular of the property of	PLACE OF PEATH COMMING CONTROL ATUNDED  BUILAL OND GIVE NOWN (If bushed corporate limits, write builded on diversioners loven.  CTO OND STUTION COVEN (If outside corporate limits, write builded on diversioners loven)  CTO WARS VILLE  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  CTO WAS VILLE  d. NAME OF HOSPITAL (If not in hospital, give street oddress)  CTO WAS VILLE  d. STREET ADDRESS  2229 Druid Hill Avent  NAME OF HOSPITAL (If not in hospital, give street oddress)  CTO WAS VILLE  NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION (Give hind of work down down of hospital down on the decided with the decided wire of hospital gife, even if retired one during most of working life, even if retired one during most of working life, even if retired one during most of working life, even if retired one during most of working life, even if retired one during most of working life, even if retired one during most of working life, even if retired one during most of working life, even if retired one during most of working life, even if retired one during most of working life, even if retired one during most of working life, even if retired one during most of working most of workin	AME AT LOUND (If outside corporate limits, write c. LENGTH OF STAY IN 1b C. LTY OR TOWN (If outside corporate limits, write RURAL and give neouses town)  Baltimore  Crownsville  A. NAME OF ROSPITAL (In on in hospital, give street oddress)  Crownsville  State Hospital  Lucius  Crownsville  A. COLOR OR RACE   MARRIED   DATE OF RITH   Month   Day   Months   Day   Mon

by the funeral directar, d 2 should be filed with and D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may taked by the haspital or attending physician.

D FUNEAUL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Baard of Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after death. TO FUNE VR A1S (4) 15M 9/59

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death age 4 may be retained by the hospital or attending physician.	TO FOXERAL DIRECTOR: After this certificate has been signed by the attending physician and complement filled in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbort papers. Pages 1 and 2 should	
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the deal and age 4 may be retained by the hospital or attending physician.	S	ctor	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.
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VR A15 (4) 15M 7/61

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1919 12185 12172

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		e Amindel		MARYLAND		5 cm				
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2	d. NAME OF HOSPI	IAL OK INSTITUTION	(if not in hospital, gi	ive street eddress)	d. STREET ADDRESS					
1	Anne A	rundel Ger	neral Hosp	ital	9 Pin	lmer St	reet		YES	NO 1
3	. NAME OF	Fir	rst ·	Middle	Last		Month	Da	y Yee	1 20
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B. COUNT Anne Arundel  MARYLAND  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Anne Arundel  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Anne Arundel  A						Min.				
10	Oa. USUAL OCCUPAT	ION (Give kind of wo	ork 10b. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & Stete, or fo	oreign country)	12. CITIZEN	OF WHAT	COUNTRY?
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1:	3. ATHER'S NAME	- ougs	4					0	O. A.	-
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C				L SECURITY NO.	1 / /	/	Address	,	0-4	
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						IAL DISCASS CO	DA IDITION CITY	The shall be borned in	. 10	LITODEN
٥	PART II, OTHER	SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT NO	A KELATED TO THE LEKWIN	NAL DISEASE CO	JADITION GIV	EN IN PAKT I(e)		
13					,				YES	NO 🔲
HE	20e. ACCIDENT W.		20b. DESCRIBE H	OW INJURY OCCURED	. (Enter nature of injury in I	Part I or Pert II o	of item 1B.)			
Ü	(IF EITHER, NOTIFY	MEDICAL EXAMINER	R)							
3	20c. TIME OF INJU	RY Month, Day, Y	Yeer   20d. INJURY				or town)	(County)		(State)
ğ	Hour a.m.			OI AA IIIIG	ory, street, office bldg., etc.	.)	1 .			
>					ALCE, YE	1064	diel	106		
	21. I certify f	hat (I) (this hos		-	1	05			,,	` ' -
		sed alive on	,23	.19.5., and that	death loccured a	F.M, from	the causes	and on the		
	22e. SIGNATURE	17(1)	10		ATTENDING A	AED.	STAFF		Pr 221	
	124	to Kach	rontom	м	DAILUGE DE CO			(1)25	19	
		N			22d. ADDRESS					
	MAME (Type)	Dr. R. L.	Richards	on	Clay St.	Annai	nolis	Md	)	
2	3a. BURIAL, CREMATI				OR CREMATORY				7-115	ita(e)
B. COUNTY Anne Arundel  b. CITY OR TOWN (if qualifie componels limit), write RURAL and give nement lown)  Annapolis  Annapolis  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gives street address)  Anne Arundel General Hospital  Annapolis  Anna			/,							
B. COUNTY Anne Arundel  b. CITY OR TOWN (II outside corporate limits, write RURAL and give accessed limits, write RURAL and give accessed lown)  Anne Arundel  c. CITY OR TOWN (II outside corporate limits, write RURAL and give accessed lown)  Anne Arundel General Hospital  d. NAME OF HOTEL AND STREET ADDRESS  Anne Arundel General Hospital  Anne Arundel General Hospital  ORTHODORS  Anne Arundel General Hospital  ORTHODORS  Anne Arundel General Hospital  ORTHODORS  Anne Arundel General Hospital  OPINDAY Street  OF HOTEL AND STREET ADDRESS  ORTHODORS  OF HOTEL AND STREET ADDRESS  ORTHODORS										
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A	MARYLAND STATE DEP	ARTMENT OF	HEALTH	
	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1,	MARYLANI
12136	CERTIFICATE	OF DEATH	121	173

	H	March March 1970		DENCE (Where d		itution: Residen	ce before edmission)
8. COOM	Anne Arunde	MARYI NAID	a. STATE	Maryland	b. COUNTY	Anne	Arundel
b. CITY OR TOWN			c. CITY OR TO	WN (If outside com	sorate limits, write RI	IRAL and give r	neerest town)
write RURAL an	d give nearest town)	77 TAFFE	1 2 1				
		MARYLAND  Me kinds, c. LENGTH OF STAY IN 16  7 Wics  Annapolis  d. STREET ADDRESS  All Hospital  First  Middle  Last  JONES  DEATH  MOVED  JONES  DEATH  JONES  JONES  DEATH  JONES  JON					
d. NAME OF HOSP	ITAL OR INSTITUTION (if no	of in hospital, give street address)	9				
	el eneral Ho	_			hington S	t.	YES NO
	First	Middle	Last		Month	Dey	Year
(Type or print)	Georgia	ne em enmin	JONES		Morrembe	n 2	19 67
5. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED		19			IF UNDER 24 HRS.
			0 1 20	'h et en	A	onths Deys	Hours Min.
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done during most of w	Orking life, even if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE	(County & State, or	foreign country)	12. CITIZEN O	F WHAT COUNTRY
Domestic		******	Ma:	ryland -	b. COUNTY Anne Arundel de corporate limits, write RURAL and give neerest town) lis  Washington St.  Washington		
13. FATHER'S NAME		MARYLAND  2. LENGTH OF STAY IN 16  7 Wks  6. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  7 Mks  6. STREET ADDRESS  6. STREET ADDRESS  6. STREET ADDRESS  7. MARRIED   NOVEMBER   NOVEMBER					
Sam Gree	en		Ella Sem	bley			
15. WAS DECEASED EN	VER IN U.S. ARMED FORCES	7   16. SOCIAL SECURITY NO.   17.	INFORMANT		Address		Anne Arundel Land give neerest town)  O. IS RESIDENCE ON A FARM? YES NO A  Dey Year  2 19 61.  DERI YEAR IF UNDER 24 HRS. HOURS Min.  CITIZEN OF WHAT COUNTRY?  U. S.  INTERVAL BETWEEN ONSET AND DEATH ONSET
(Yes, no, or unkown) (	If yes give war or dates of servi	Anne Arundel  MARYLAND  White compones kinds,  I. ENGTH OF STAY IN 16  7 WKB  7 WKB  C. CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town)  OR MSTITUTION (if not in heapitel, give street address)  First  First  Manapolis  6. STREET ADDRESS  75 W. Washington St.  15 PATE  Month  Day Year  15 ON A TARM  15 PATE  Month  Day Year  15 ON A SAME  16 SOCIAL SELECTION OF BUSINESS OR BRUSTRY II. BIRTHRACE (Gounty & Sinte, or foreign country)  16 SOCIAL SELECTION OF WHAT COUNTRY  17 SOCIAL SECURITY NO. IV. INFORMANT  18 Sembley  NU.S. ARMED FORCES?  16 SOCIAL SECURITY NO. IV. INFORMANT  18 Sembley  NU.S. ARMED FORCES?  16 SOCIAL SECURITY NO. IV. INFORMANT  18 Sembley  NU.S. ARMED FORCES?  16 SOCIAL SECURITY NO. IV. INFORMANT  18 Sembley  NU.S. ARMED FORCES?  16 SOCIAL SECURITY NO. IV. INFORMANT  18 Sembley  NU.S. ARMED FORCES?  16 SOCIAL SECURITY NO. IV. INFORMANT  18 Sembley  NU.S. ARMED FORCES?  16 SOCIAL SECURITY NO. IV. INFORMANT  18 Sembley  NU.S. ARMED FORCES?  16 SOCIAL SECURITY NO. IV. INFORMANT  18 Sembley  NU.S. ARMED FORCES?  16 SOCIAL SECURITY NO. IV. INFORMANT  18 Sembley  NU.S. ARMED FORCES?  16 SOCIAL SECURITY NO. IV. INFORMANT  18 Sembley  NU.S. ARMED FORCES?  16 SOCIAL SECURITY NO. IV. INFORMANT  18 Sembley  NU.S. ARMED FORCES?  16 SOCIAL SECURITY NO. IV. INFORMANT  18 Sembley  NO. ARMED FORCES?  19 Security NO. IV. INFORMANT  18 Sembley  NO. ARMED FORCES?  19 Security NO. IV. INFORMANT  19 Semble Semble Security NO. IV. INFORMANT  19 Semble Semble Security NO. IV. INFORMANT  19 Semble Semble Semble Semble Semble Security NO. IV. INFORMANT  19 Semble					
I IB. CAUSE OF I	DEATH Enter only one cau	use per line for (e), (b), end (c),				1 INT	ERVAL BETWEEN
			1/2.2/	1	0 +	ON	ISET AND DEATH
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Conditions, if en	y, which ) (b)	Hupertens	we ca	vaco va	Sculzer 6	7.5	years.
gave rise to immed	liate cause						1
	andertying DUE 10						
PART II. OTHE	R SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE T	TERMINAL DISEASE	CONDITION GIVEN	IN PART 1(a) 1	
3						,	YES NO
20a. ACCIDENT W	AS UNDERLYING   20	b. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of inju	ry in Pert I or Part I	I of item 18.)		
OR CONTRIBUTING	MEDICAL EXAMINER						
	1	1 204 INTERV OCCURRED 1 20- BI	ACE OF INTERVAL	- form 1 201 1Cit	se an taum)	(County)	(stata)
Hour a.m.	JKI MOIIII, Day, tool				y or lowing	(County)	(Siale)
₹ p.m.	19						
21. I certify	that (I) MERCHARDAN	attended the deceased from	Sept. 16	19.61 to	Nov. 1.	19.61 H	hat (I) (Way las
	5.7	7 /7					
b. CHYO TOWN III outside corporate limits, which guides composite kinds, which will be composed towns, which guides constructed towns, which guides composed towns, and guides composed towns, ana							
B. CHYOR TOWN (if audide corporate kinds, write RURAL and give neerest town)  Annapolis  d. NAME of POSTATO R STRITUTION (if not in hospital, give sireel address)  d. NAME of POSTATA OR STRITUTION (if not in hospital, give sireel address)  d. NAME of POSTATA OR STRITUTION (if not in hospital, give sireel address)  d. NAME of POSTATA OR STRITUTION (if not in hospital, give sireel address)  d. NAME of POSTATA OR STRITUTION (if not in hospital, give sireel address)  d. NAME of POSTATA OR STRITUTION (if not in hospital, give sireel address)  d. STREET ADDRESS  TO BATTE  Month  Dey Yese  DEATT Normhop  2 19 61.  SEX  6. COLON OR RACE (7, MARRIED   N.VER NARRIED   Sept. 18, 1899  6. COLON OR RACE (7, MARRIED   N.VER NARRIED   Sept. 18, 1899  6. COLON OR RACE (7, MARRIED   N.VER NARRIED   Sept. 18, 1899  6. COLON OR RACE (7, MARRIED   N.VER NARRIED   Sept. 18, 1899  6. COLON OR RACE (7, MARRIED   N.VER NARRIED   Sept. 18, 1899  6. COLON OR RACE (7, MARRIED   N.VER NARRIED   N.VER NARRIED   Sept. 18, 1899  6. COLON OR RACE (7, MARRIED   N.VER NARRIED   N.VER NARRIED   Sept. 18, 1899  6. COLON OR RACE (7, MARRIED   N.VER NARRIED   N.VER NARRIED   N.VER NARRIED   N. MID NORRIED (19, 19, 19, 19, 19, 19, 19, 19, 19, 19,	SIGNED						
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deam cermicular to complete the following the funeral deam got 4 may be retained by the hospital or attending physician.

TO FDATAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 7/61

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased livad, If institution: Residence before admission) a. COUNTY b. COUNTY the 12 MARYLAND ANNE TNNE by th b. CITY OR TOWN (if outside corporate limits E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and giva neerast town) pars 5 len Burnie IEN Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2 YES NO X OBC 3. NAME OF Middle Year pape DECEASED OF comple and comp carbon pa (Type or print) DEATH 1961 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Deys Hours WIDOWED T rema DIVORCED remove physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRO BIRTH ACE (County & State, or foreign country) dona during most of working life, even if retired) HOUSE WORK ( ewane 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME attending INKNOWN)
Address Same NKNOWN ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. (Yes, no, or unkown) | (Ifyas give wer or dates of sarvica) NO NONE signed by the 18. CAUSE OF DEATH [Entar only one ceusa per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (e) the burial-transit burial, cremation DUE TO attending Conditions, if any, which (b) geve rise to immedieta ceusa DUE TO (a), stating the undarlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY certificate PERFORMED? as NO CERTIFI 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part II of itam 18.) F Po OR CONTRIBUTING CAUSE OF DEATH the this (IF EITHER, NOTIFY MEDICAL EXAMINER) etached After 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY 20f. (City or town) (County) (State) Month, Day, Year factory, straet, office bldg., etc.) While Not While Hour e.m. at work et work p.m. to. may be and that death occured at from the causes and on the date stated above. saw the deceased alive on..... PM 22e. SIGNATURE 22b. DATE ATTENDING MED. SIGNED STAFF DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stete) 23a. BURIAL, CREMATION, MOVAL (Spacify) 0 cario SIGNATURE REC'D BY REGISTRA 24 FUNERAL DIRECTOR'S 25b. REGISTRAR'S SIGNATURE VR A15 (4) Circhard S. Throngs 15M 9/60

certificate

ALLE AND PAISI -M) some sundel and many many and many to the state of the Alen Brown - C. Promobile Brown - C. Promobile 221 Williams Road 221 Williams around Chiva Mi Kansen Mar Foods White a se to the party 1884 97 House work Con Town Howe Delenger 45th (Makingura) Kerepa - Sa in and - NORE MIS THING MESSMORE -September 4 Cerebil Henry which The state of the s WARRANT STILL STILL STANDING OF THE STANDING Subject 27 now 1967 Outland Comptent Philadelphia . The state of the s

essary	cute. The certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral rector. Page	,	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to buria	
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1218 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

AIT	4.63.4 1015
	Reg Dis No.5

I. PLACE OF DEATH	e Arundel			2. USUAL RESIDENCE		ed lived. If Institut		
	outside corporate limits, writ	e PIIPAI	c. LENGTH OF STAY IN 16		aryland	orole limits, write	Anne Ar	
and give nearest town	napolis		C. actom of sixt it is	10			NOKAL ONG GIVE I	neorest town)
		If not in ho	spital, give street address)	/d. STREET ADDRES	nnapolis	3		e. IS RESIDENCE
	Forrest Dr			1204 Fo		rive		ON A FARM?
3. NAME OF DECEASED	Fir	st	Middle	Last	4. DATE	Month	Day	Year
(Type or print)	WILLIAM F.	KERCI	HNER SR.		OF DEATH	Novemb	er 5.	19 61
5. SEX	6. COLOR OR RACE	7. MARRI	ED X NEVER MARRIED 3	DATE OF BIRTH		9. AGE (In years lost birthday)		IF UNDER 24 HRS.
Male	White	WIDOWE	D DIVORCED 1	Dec. 29.189	8	62 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of wark	done 10b.	KIND OF BUSINESS OR INDUST			ountry)	12. CITIZEN C	F WHAT COUNTRY
Retired-					ore . Ma		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDE				
Unkn	own			Unl	known			
15. WAS DECEASED EV			SOCIAL SECURITY NO. 17. II	NFORMANT		Address		
Yes	WW II		12 05 5856A M	s. Margaret	B. Kerc	hner- wi	fe- same	88 # 2
	TH [Enter only one cau	se per line	for (a)_(b), and (c).]	0		772		RVAL BETWEEN
PART 1. DEAT	H WAS CAUSED BY		( as less	- diaen	02		ONS	ELAND DEATH
412111	DUE TO		CHILDRANG C	000000				
Conditions, if a	/							
gove rise to immed	diote couse							
(a), stating the s								
	(c)		ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TEL	MINAL DISEASE	CONDITION GIVE	N IN PART I(A)	V2QOTILA 2AW 01
PART II. OTH						CONDINONON		PERFORMED? YES NO X
-	DSE WAS TRIBUTING [		E HOW INJURY OCCURRED. (E	7				
20c. TIME OF INJUING Hour XXXXIII.	Nov. 5 19		Not white ar	CE OF INJURY (Home, fory, street, office bldg.,	efc.)	or town) polis, A	(County)	(Stote)
			remains described obo					
			Accident , Sui			determined co		, ona rina mar
deoin resolled	3	Joses E	Accident [], 30	cide, nomici	ae [, Un	derermined co	ouse [].	
ACTUAL /	The 11	1	14	CHIEF MEDICAL	EVALUACE CO			DATE SIGNED
SIGNATURE	, rout	<u> </u>	, v ,	_M.D. CHIEF MEDICAL				
EXAMINER'S ENAME (Type)	lmer G. Li	hard	t M.D	DEPUTY MEDICA			vember 5	, 1961
220. BURIAL, CREMATIO REMOVAL (Specify)		f 1961	22c. NAME OF CEMETERY OR Baltimore Nati			ION (City, town, or		(Stote)
23 FUNERAL DIRECTOR		/	ADDRESS		Baltin		rland RAR'S SIGNATU	RE
wen No	uneral Home	7-		DATE	MOV 1 0'		Thun & the	
TOPPING I	OTHER T VIONE		Annapolis, Mi.	DATE	10		- A. 100	

HTASIG NO STADELLES SERVIMENES ANOTES ...... - remarked falls of the Edition and in the State of · 1922 - 1966年前,从全年加州市、中产、大学院、1925年 CONTRACTOR A.A. A. A. CONTRACTOR Maries males at the Patrick of Marketon of Indian A. A. Breitsch, in Company and the Company of fations will be the second or make the second or ma Cambridge a world all tool in white the Trabillies A CONTRACT OF THE PROPERTY AND A SECOND CONTRACT OF THE PARTY AND A SECOND CONTRACT OF

VR A15 (4) 1SM 7/61

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12189

CERTIFICATE OF DEATH

12176

14	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
AI)	Anne Arundel MARYLAND	a. STATE Maryland b. COUNTY Anne Arundel
1	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL end give nearest town) Annapolis 15 days	X RURAL - Severn
10	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
63		ON A FARM?
. 1	Anne Arundel General Hospital 3. NAME OF First Middle	Rt-2, Box-473   YES NO
	DECEASED	OF
	(Type or print) Samuel LCE	KNIGHT DEATH November 16 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED 8	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthday)   Months   Deys   Hours   Min.
	Male White WIDOWED DIVORCED	Feb. 11, 1877 84 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Jahren Plastic	Marvland U.S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Huus Rugh	Marge Herner
	15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
	(Yes, no, or unkown) (If yesgiye werordates of service) 2/7-16-7295	Berlia of Runglet
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	The American My Danchi ONSET AND DEATH
	IMMEDIATE CAUSE (0) JUNION WYVI	my way con of programmy
	610X DUE TO SIGNAL CHI	Air Surling 46 has
	Conditions, if eny, which gave rise to immediate cause	mae farent 15 mis,
	(e), steting the underlying DUE TO	
	cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
0	131 MINNOWNY, INDINON	e aluf upmpm YES NOXX
	200. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURED OP CONTRIBUTING TO CAUSE OF DEATH	D. (Enter nature of injury in Pert I or Pert II of item 1B.)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
	Hour a.m.  P.m.  While Not While et work et work	tory, street, office bldg., etc.)
		Nov. 1,, 19.61 to Nov. 16,, 19.61, that (1) (636) last
	/ /-	t death occured at
	22a, SIGNAPAE	7:05 PM 22b. DATE
	( Marin OK Man Chan	ATTENDING MED. STAFF
	22c. PHYSICIAN'S	A.D. PHTS. 22d. ADDRESS
1	NAME (Type) Maurice Klawans	
	RSMOVAL (Specify) 17/20/67 Level of 10	Commission of the Commission o
. 4	There is	Many of ONEWEN GO WOOT
71	24 FUNERAL DIRECTOR'S SIGNATURE	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
7	Heman a mi	DATE NOV 29 '61 Cirilus d. Thomas.

THE PER - DAVICE St. - sor & some Anno sernoel Caneral Hospital I something 195 II, 127 Signal - Landerst - B.S. en each will groupes with the new 1, this to have In, the news en la companya de la Eventee Mayers Sh southers of the artemptices, but, SPECK AND PRODUCED AND EASTER TO SEE THE SECOND LICE. THE THE PROPERTY OF THE PARTY O

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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213	0	CERTIFICATE	OF	DEAT	
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Reg. Dist 12177

Top   Sund   S	
b. CITY OR TOWN (If outside corporate limits write   c JENGTH OF CTAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street address)  130 GIBSON RB.	d. STREET ADDRESS 130 GTBSON RD. e. IS RESIDENCE ON A FARMA
DECEASED	Last 4. DATE Manth Day Year
Female White WIDOWED DIVORCED	B. DATE OF BIRTH May 12, 1876  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS.  Month's Doys Hours Min.
COUNTY ANNE ARUNDEL  D. CITY OR TOWN (If outside corporate limit, write and control of the contr	
Unknown	į
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	
	arles H. Lamb- Son- Same as # 2
DUE TO  Conditions, if ony, which gove rise to immediate cause (a), storing the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II  20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING TO CAUSE OF DEATH	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES \( \subseteq \text{ NO } \subseteq \left\)
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLA Hour a. m. While Not while	CE OF INJURY (Home, form, lory, street, office bldg., etc.) (County) (State)
actual signature during signature of the	accurred atM, from the causes and an the date stated abave.  ADDRESS (Street, city or lown, state)  DATE SIGNED  A.D
NAME (Type) Edward S. DOCK MD	Franklin Street, Annapolis, Maryland
Burial Dec. 2, 1961 Edwards Chape	Annapolis Md
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Hopping Funeral Home Annapolis, Maryla	and DEC 4 '61 Outling S. Kings

The transfer was all the burn less to the Cl sock of briefly with the Sandies Stocker, they gotte, District Poblyonical for the parties of the p best real of logared pro facions that real

# by the funeral directar, I 2 shauld be filed with may be pined by the haspital ar attending physician. **PUNEXAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Baard of Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO FUNEN

VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12178

1. PLACE OF DEATH o. COUNTY  Anne Art	ındel	N.	MARYLA	AND	2. USUAL RESIDENCE (WHO STATE Maryland	nere decease	b. COUNTY		e City	
	(If outside corporate lim	its, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (If o	outside corpo	prote limits, write R	URAL ond	give neares	t tawn)
Crownsvi			10mos.29 da	ays	Baltimore			310	1.4	
d. NAME OF HOSE OR INSTITUTION	ITAL (If not in hospital, (	give street	oddress)		d. STREET ADDRESS	ווים ו	A			S RESIDENCE ON A FARM?
Crownsvi	lle State H	ospit	tal		2303 Druid	ı uııı	Avenue		Y	ES NO
B. NAME OF DECEASED (Type or print)	Fi	amue]	Middle		Lewis	4. DATE OF DEATH	Mon	L1	Day 14	Year 19 61
. sex Male	6. COLOR OR RACE	7. MARR	NEVER MARRIED		December 30.	1889	9. AGE (In years last birthday) 71 yrs.	IF UNDE Months	,	UNDER 24 HRS
Og. USUAL OCCUPAT			86.7		RY 11. BIRTHPLACE (Stote			12.CI	TIZEN OF W	HAT COUNTRY
during most of wo	rking life, even if retired	)			North Ca				U.S.A.	
B. FATHER'S NAME	nown				14. MOTHER'S MAIDEN N				O.D.A.	•
Unkn	own		4		Unkn					
S. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17. INF	ORMANT		Add	ress		
Yes, no, or unknown) Yes	If yes, give war or dates of	ervice)			ospital Recor	200				
	ATH [Enter anly and co		Unknown	1110	ospital necor	.us			LIMITERNA	AL BETWEEN
Conditions, if gove rise to cause (o), stoting lying cause last	the under-	:)	Cardiovascu	,	NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	/EN IN PA	RT 1(o) 19.	WAS AUTOPS
	400									PERFORMED?
OR CONTRIBUTIN	/AS UNDERLYING □ G □ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	. (Enter nature of injury in	Port I or Po	rt II of item 1B.)			
20c. TIME OF INJU Hour o. m. p. m.		ar 20d. II While at wor	_ hist-while _	20e. PLA	CE OF INJURY (Home, farm ory, street, office bldg., etc	n, 20f. (Cit	y or town)		(Caunty)	(Stot
21. I certify the		1) attend 11/14	led the deceased f	ram that de	12/15 eath accurred at A.	60, ta_	11/14 the causes ar	, 19_ nd an th	61, that	(1) (we) la
22a. SIGNATURE	perel than	0/	lein	201	ATTENDING M	ED.	STAFF PHYS.		]	225. DATE 1/14/6
22c. PHYSICIAN'S NAME (Type)	Hildegard	Heard	Reissman,	M. I	22d. ADDRESS Crownsvi	lle S	tate Hosp	pital	, Mary	rland
REMOVAL Specif	11/12/6	OF /	23c, NAME OF CEMET	TERY OR	CREMATORY ALTO, NAT	23d. LOCA	TION (City, town,	or county)	A	(Stot)
FUNERAL DIRECTO	S SUCHATURE	918	ADDRESS	21	1- V 250. REC'	1 6 '61		STRAR'S S	Thank !	-

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death go 4 may be retained by the hospital or attending physician.

FIO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completent filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO HOSPITAL

15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

		T 10 T O 10											94	DO	
	PLACE OF DEATH						2.		ESIDEN	CE (Where de	ceased lived, I		esident	e before a	dmission)
	Anne Arundel MARYLAND				D	Maryland Baltimore City				1 + xr					
	b. CITY OR TOWN (ii	f outside corporate limit	ts,	c.		OF STAY IN		c. CITY OR			orate limits, wri				
	write RURAL and giva nearest town) Crownsville 5 yrs. 8 mos.			s.	Balti	imore			3 V	01-	. 4				
-	d. NAME OF HOSPIT	AL OR INSTITUTION (	if not in	hospital,	, give stre	eet address)		d. STREET	ADDRESS					a. IS R	ESIDENCE
	Crownsvi	lle State F	losp	oital				678 Br	adle	y Stree	et				NO X
3.	NAME OF DECEASED	First			Mi	iddle		Last		4. DATE OF	Mon	th	Day	Yea	r
	(Typa or print)	Alma						Little	9	DEATH	11		4		61
\$.	SEX	6. COLOR OR RACE	7. MA	RRIED	NEVER	MARRIED	8. D	ATE OF BIRTI	-1	9.	AGE (In year			IF UNDER	
I	emale	Negro	WID	WED X	DI	VORCED	Oct	ober 7	7. 19	12	49 yrs.	Months	Days	Hours	Min.
108	. USUAL OCCUPATI	ON (Give kind of work	. 10	b. KIND	OF BUSIN	ESS OR INDU			-	ty & State, or	foreign country	)   12. CIT	IZEN O	F WHAT	COUNTRY
	ollecting	king life, even if retira	d)	Ju	ink			South	Caro	lina		U	.S.	A.	
13.	FATHER'S NAME						14.	MOTHER'S	MAIDEN	NAME					
		Jim James						1	Vora	?					
		R IN U.S. ARMED FOR		16. 500	CIAL SECU	JRITY NO. 1	7. INF	DRMANT			Addres	SS			
110	No.	yes give wat or dates of se	ervice;	Unk	cnown		Но	spita	Rec	ords					
	18. CAUSE OF D	EATH [Enter only one	cause	per line f	for (a), (b)	), and (c).]		•			W. C.			ERVAL BET	
	PART I. DEATH WAS CAUSED BY: Acute Myocardial Infarction ONSET AND DEATH									DEATH					
	IMMEDIATE CAUSE (8)														
	Conditions if any, which Hypertensive Cardiovascular Disease														
	Conditions, if any, which gave rise to immediate cause														
	(a), stating the underlying DUE TO														
	Cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO									LIZODEV					
O							I NOT RE	LATED TO T	HE LEKWIN	NAL DISEASE	COMPLITION GI	VEN IN PAKI	I(a) 1	PERFC	DRMED?
CAT	Obesity												1	res 🗌	ио 🔀
CERTIFICATION	20a, ACCIDENT WA	S UNDERLYING [] CAUSE OF DEATH	20b.	DESCRIB	BE HOW I	NJURY OCCL	JRED. (En	ter nature of	injury in a	Part I or Part II	of item 18.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER													
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Yes			JRY OCCL			OF INJURY (F		20f. (City	or town)	(Cou	nty)		(State)
WED	Hour a.m.	/		While work	Not Whi at work	-	laciory,	sireer, office	bidg., etc.						
	21. I certify th	na (I) (this hospit	e (le	ttended	Aho de	ceased fro	.m ]	0/21		19.53, to.	11/4		61.	hat (I)	(we) las
	saw the decease	/ 7/1. 7	1//	/ /	10 6	1		1			the causes				
	22a. ATURE,	an verbucing	er france i	-//	117	And allo	mar de	am occur	eu al	7.0/11, 11 011.	i ille causes	and on	1110 02		b. DATE
	X Jak	JIXAN.	10	///	Q/	6		ATTENDIN		MED.	STAFF PHYS. X	11/6	167		SIGNED
	22c. PHYSICIAN'S		/	1	H		M.D.	22d. ADD		TRECTOR _	] ritts. [A.	11/0	1/ 01		15/4
	NAME (Type)	Lignel Mo	Her	To bear	lann.	M. D.				le Sta	te Hosp	ital.	Mar	vlan	1
_			•					l							
23:	BURIAL, CREMATION (Specify)	ON, 23b. DATE THER	ES	23	ne. NAMI	and	ery or	CREMATORY			est s	own or count	Y)	(2	itala)
24	FUNERAL DIRECTOR	'S SIGNATURE			ADDR	RESS	-		2Sa. REC	D BY REGIST	RAR   25b. R	EGISTRAR'S	SIGNAT	TURE	127
/	Dan San	p/dage	0 6	38	n 9	lono	St		DATE	YOY 21	61				
-		/	-		A	of in	1.		-Ait			- Andrews	1. 760	autoli .	
				0	Bal	a fin									

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	l t		ŘŤMENT OF HEALTH—BALTIMORE, 18
		4,03,03	FICATE OF DEATH Reg. Dist. No. 3431
M	1.	PLACE OF DEATH  o. COUNTY Anne Arundel MARYLAI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. FOUNTY Fig. 1799 Howard
		b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest lown) Meade c. LENGTH OF STAY IN 49 hrs	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
- 7		d. NAME OF HOSPITAL (If not in haspital, give street address)	Laurel /3 x 2 d. STREET ADDRESS e. IS RESIDENCE
50		Kimbrough Army Hospital	3 Meadow Lane
		NAME OF First Middle DECEASED (Type or print) SYLVIA	MACKEY  4. DATE Month Doy Year OF DEATH NOVEMBER 29 1961
	5. :	Female   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	O7 NT == C1   IOST DIFFINGLY)   Months   David   Manual
	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Naryland USA
T	13.	John Eugene Mackey	14. MOTHER'S MAIDEN NAME Rosemarie Moritz
	15. (Ye	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service)	Mother (Same as item 2)
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  Uniki)	Interval between onset and death 49 hrs
		Conditions if you which ) Pres	
		gave rise to immediate couse (a), stating the <u>under</u>	ematurity 29 hrs
0	CATION		TH'BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
	CERTIFIC	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part I or Part II of item IB.) P. BERNHARDI
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (City ar town) (County) (Statement of the street of the s
		alive an 29 Nov 61 , 19 , and that de	death accurred at 3:00 P.M., from the causes and an the date stated about ADDRESS (Street, city or town, state)  Date Sign
1		PHYSICIAN'S NAME (Type) SHERMAN S. ROBINSON, Capt.	M.C. Kimbrough Army Hosp 30 Nov 6
	220	ABUDIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMELE	
R	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Below of DEC 1 2 '61 24b. REGISTRAR'S SIGNATURE
30	-	2050191XVI	Secretary and the second

\* 11-5

VR A15 (4) 15M 9/59

#### MARYLAND STATE DEPARTMENT OF HEALTH ARYLAND

101	PINISION C	F STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, N
121	30	F STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, N CERTIFICATE OF DEATH

		TETAN	C	ERTIFIC	ATE OF DEATH		12	181
1.	PLACE OF DEATH a. COUNTY	E. a		MARYLAND	2. USUAL RESIDENCE (Who		institution: Residence OUNTY	before admission)
1	MAL and given	If autside carporate lim		H OF STAY IN 16	c. CO OR TOWN () at	etside corporate limite	write RURAL and giv	e nearest fawn)
1	d The OF HOSPI	TAX (If not in haspital,	give street address)	pital	d. STREET ADDRESS	Fleet	to St.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type ar print)	Sadi	rst /	Made	thew?	4. DATE OF DEATH	Manth	25 196/
7	remale	Col	7. MARRIED NEW	DIVORCED	11-22-19	00 8. AGE (III	hday) Manths D	YEAR IF UNDER 24 HRS Days Haurs Min.
	House	ON (Give kind of work king tife, even if retired	dane 10b. KIND OF 8	USINESS OR INC	DUSTRY 11 BIRTHPLACE (Stole of	Lance	7	S A.
	FATHER'S NAME	lenry	Lan	<u>e</u>	14. MOTHER'S MAIDEN N	Mari	1, C	Gray
(Ye	s. no. or of the work	ER IN U. S. ARMED FOR (If yes, give war or dates of	service)	/	Cochel Ch	isholn	117 Rose	mary Si
		ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Careh		lar Accident			INTERVAL BETWEEN ONSET AND DEATH
	443 Canditions, if			tensive	Cardiovascular	Disease		4 mos.
	gave rise ta i cause (a), stating lying cause last.	the <u>under-</u>	Genera		rteriosclerosis			4 mos.
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	iditions <u>contributi</u>	NG TO DEATH B	UT NOT RELATED TO THE TERMIN	nal disease conditi	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIF	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HOW	INJURY OCCUR	RED. (Enter nature of injury in P	art I ar Part II af item	18.)	
MEDICA	20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Day, Ye	ar 20d. INJURY OCC While Nat w at wark at wa	hile	PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.		(Ca	ounty) (State
					August 6, 196			
	22a. SIGNATURE	eodere H.	Jehra,	he		D. STAFF		22b. DATE SIGNE
	22c. PHYSTCIÁN'S NAME (Type)	Theodore 4	. Johnson,	M. D.	37 Calve	ert St., Ar	mapolis,	Md.
230	BURIAL, CREMATIC REMOVAL (Specify		1961 23c. NAM	LE OF CEMETERY	or CREMATORY HILL	23d to CATION (City	apolu	1 Mistate
7	FUNERAL DIRECTOR	S SIGNATURE	APOI	RESS	- Y // A /	BY REGISTRAR 25	b. DEGISTRAR'S SIGN	NATURE

TRIST 

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) 1. PLACE OF DEATH a. COUNTY Baltimore City Anne Arundel b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest tawn) RURAL and give nearest town) 1 mo. 9 days Crownsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Crownsvigte State Hospital ON A FARM? 1205 W. Mulberry Street YES NOTE 4. DATE OF DEATH NAME OF First Middle Month Yeor DECEASED McMillan Julia Ann 11 19 61 (Type or print) S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Days Female Negro October 15, 1903 WIDOWED M DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Florida 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Brown Mary Lane IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Hospital Records Unknown No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Month. 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory street office bldg., etc.) o. m. While Not white -at wark at work 1961, that (1) (we) last (1) (this Aaspital) attended the deceased fram.\_ 61 and that death accurred a 55 M, from the causes and an the date stated above. saw the deceased a 22a, SIGNATUR 22b. DATE ATTENDING MD PHYS. DIRECTOR [ PHYS. PHISICIAN'S 22d. ADDRESS Lionel McHenry Mapp, M.D. Crownsville State Hospital, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar county) (State) REMOVAL (Specify) Burial Arbutus Memorial

filled Pages deoth. after papers. pup pan 72 with physicio remove attending a ó gned per been si tached pined by the DIRECTOR: pluor page 3 the State TO FUNE

directar,

after death. Page

24. FUNERAL DIRECTOR'S SIGNATURE

VR A1S (4) 1SM 9/S9

Arbutus, Balto.Co., Md.

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25b. REGISTRAR'S SICHAPORELLA

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# FOR STATE HEALTH DEPT.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF THE STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12183

•	e. COUNTY	2. USUAL RESIDENC	E (Where deceased livad, If in b. COUNT		ce before admission)				
7	Anne Arundel MARYLAND	Same	b, COUNT	Same					
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) P.O.Pasadena	c. CITY OR TOWN (If	outside corporete limits, write		neerest town)				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS			a. IS RESIDENCE				
1	Box 380 Route 7 Boulevard Park				YES NO				
	3. NAME OF First Middle	Last San	A. DATE Month	Day	Yeer				
	(Type or print) Tohan D Manager		OF DEATH						
	5. SEX  John R. Moran  6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 88.	DATE OF BIRTH	19. AGE (In years I		19 61				
		. DAIL OF BIKIN	1 1 1 - 1 - 1 -	Months Deys	IF UNDER 24 HRS.				
-	M   WIDOWED DIVORCED   100. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	4/16/10	51 ул.						
	done during most of working life, even if retired)	Y II. BIRTHPLA CE (Siete o	r foreign country)	12. CITIZEN O	F WHAT COUNTRY?				
	Yard Foreman at the B&O R.R.	Baltimor	e Md.	USA					
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME						
	C.R.Moran	?							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. II (Yas, no, or unkown)   (Ifyasgivewarordalesofservica)	NFORMANT	Address						
1		s. Louise Mor	on (wife)						
	18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).]	D. DOGIDO 1101	all (MTIO)		ERVAL BETWEEN				
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion								
1		<u> </u>			Sudden				
	Conditions, if any, which (b)								
	gava rise to Immediate cause								
	(a), stelling the underlying DUE TO								
	Cause last.  (c)								
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	I KELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	N IN PART 1(0) 1	PERFORMED?				
				1	ES NO				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING TO DEATH BUT NO	ntar natura of Injury In Part I	or Part II of item 18.)						
- 1		A DESTRUCT							
1		CE OF INJURY (Homa, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)				
	p.m. 19 et work et work								
	21. I certify that I took charge of the remains described above, hel	d an Autopsy . I	rspection X, Inquiry	and	in my opinion				
	death resulted from: Natural causes X, Accident , Suicident	de . Homicide	, Undetermined ma	nner					
	1 4 210 1 5	CHIEF MEDICAL EX	AMINER						
1	SIGNATURE SUSTAND A FACILITY M.D. ASSISTANT MEDICAL EXAMINER DATE								
DEPLITY MEDICAL EVAMINED BY 11/20/61									
-	NAME (Type) Gustave H. Faubert, M.D.	Address (Street, cit		Glen Burn	nie.Md.				
1	220. BURIAL, CREMATION, 226. BATE THEREOF   22c. NAME OF CEMETERY OR		2d. LOCATION (City, town;		(Stala)				
		leace	Been						
	23. JUNERAL DIRECTOR ADDRESS ADDRESS	24a. REC'D	BY REGISTRAR   24b. REGIS	TRAR'S SIGNATU	RE				
4	in of . 100	DATE NOV	22'61 Chi	hun S. Krou	A				
witte									

s, and 3 to the ruleral director. Page 5 per be retained for your files. 2 with the State Board of Health, out ther death. elay is necessary, TO D. ITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 per be reit TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 3 or its designated agent, prior to burial, cremation, or removal, and in any event within 72 out. VS. AISME

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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_		1	7 3

	O. COUNTY HONE HRUNDEL MARY	LAND O. STATE MARYLAUD b. COUNTY	ANNEARUNDE
	b. (1) Y OR TOWN (If outside corporate limits, write c. LENGTH OF STAY RUKAL and give nearest town)	IN 1b c. CIPTOR TOWN (It outside corporate limits, write RUR	AL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTRUMENT PRINCE GEORGE ST	244 PRINCE GEORGE	S / e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) ANGELA Middle	MORIARTY 4. DATE OF DEATH Month	14 1961
	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  DIVORCE	0 1/-24-1900 last birthday) yrs.	Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done of the light of the ligh	+ CANADA	12. CITIZEN OF WHAT COUNTRY?
1	JAMES M. MAGEE	FANNY SHAW	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give wor or dotes of service)	CONSTANCE S. MAGEE	#22
	18. CAUSE OF DEATH [Enter only one couse per time for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  USCLUSE PULL  IMMEDIATE CAUSE (a)	pocardial Infarction	INTERVAL BETWEEN ONSET AND DEATH MINUSER
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost.		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		CCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
	20c. TIME OF INJURY Manth, Day, Yeor Hour o m. 19 While Not while at work of work	20e. PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.)	(Caunty) (State)
	saw the deceased glive an	fram	an the date stated abave.
	220. SIGNATURE & DI Deeler	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.  22d. ADDRESS	M / 6 DATE SIGNED
	NAME (TYPE) XICHARD WIFEELE	ANNAPOLIS, LI	)
	BURIAL 11-16-61, ALL F	TALLOWS DAVID SONU	siLLE MB.
	of FUNERAL DIRECTOR'S SIGNATURE JOHN CHIM	4 V. 141-A MON 1 7 101	RAR'S SIGNATURE

TERMINE THE STREET OF TABLET OF THE STREET O TAINTE ESCRIPTE TO THE PROPERTY OF THE PROPERT Hunta policy was the second of the water of the second of The state of the s SA STATE OF THE ST DENTISH E LIDENTES CANADA THINKS IN MAGERIAL FROM SHIP Boustains S. PlagEE Sheet of the State TO A DECEMBER OF A STATE OF THE we will all the state of the hours I have middle the Letter M. Then Strand Character September 19 20 20 20

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY e. STATE Anne Arundel Co. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 Baltimere 30 years Baltimere d. STREET ADDRESS 4300 Belle Greve Rd. 4. DATE Middle OF DEATH Jeseph (Parker) Parkesz 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED 7 DIVORCED Unknown Self Employed Peland 14. MOTHER'S MAIDEN NAME

b. COUNTY

AnneArunde Co. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) þ write RURAL end give neerest town) .⊑ after Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? 4300 Belle Greve YES NO Y papers. 3. NAME OF DECEASED compl (Type or print) C AGE (In years | IF UNDER 1 YEAR carbon with 5. SEX IF UNDER 24 HRS. and lest birthdey) Months Devs Hours 10e. USUAL OCCUPATION (Give kind of work physician 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove dona during most of working life, even if retired) Carpenter U. S. 13. FATHER'S NAME please .5 attending and Unk. Unk. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yes, no, or unkown) | (If yes give war or detes of service) Miss. Dera Parker 214-20-2622 the Same permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) the burial-transit DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), stating the underlying After this certificate has ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY as PERFORMED? NO F use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) ठ् OR CONTRIBUTING CAUSE OF DEATH defached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work march 1960, to Nov., 1961, that (1) (we) last pe 21. I certify that (I) (this hospital) attended the deceased from.... 1961 and that death occurred at M.M. from the causes and on the date stated above. plnods saw the deceased alive on...... 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed 23c. NAME OF CEMETERY OR CREMATORY (Stete) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Hely Cress Cemetery 11-6-1961 Anne Arundel Co. Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE NOV 1 3 '61 arthur & Kraus Force, 4001 Ritchie Hgwy. (25) DATE

funeral by the filled attending physician. as been signed by the 6 PHYSICIAN: hospital retained may be retained DIRECTOR: / ERAL TO VR A15 (4) 15M 9/60

CSIX! STOREST CONTROL OF and a set of the heart a round a government and the comment associated association and . DE . . . O Tammer A sema Confered touche, 4001 Miteria lary. (co) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be a fined by the haspitol ar ottending physician.

TO FUNE A. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funerol director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/S9

	MARYLAND STATE DEPARTMENT OF HEALTH
Ance	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH
CAUU	CERTIFICATE OF DEATH

H	121	86

1	o. COUNTY ( MARYLAND G. STATE MC	b. COUNTY	
2	Washing give hearest rown)	corona limits, write RURAL and give nearest town)	
)	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Manor House  d. STREET ADDRESS 1 38 Space 2	lew ave. S. IS RESIDENCE ON A FARM? YES NO	
	3. NAME OF DECEASED (Type or print) Besse Knadler Parks OF DEAT		
	Female White WIDOWED DIVORCED June 23-1881	9. AGE (In years of the property of the proper	
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIPTYPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. BIPTYPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. S. A.		
	John W. Rnadler Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes/ng/ or unknown) (If yes, give war or dates of service) 231-14-2314 D, Poss Dansant		at Addres 2	
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH	
	Conditions, if ony, which gove rise to immediate cause (a), stoting the under-lying couse lost.  DUE TO  Conditions, if ony, which (b) Hypletersive Carely Voscule  DUE TO  (c)	u Disease 4 waits	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \( \sigma \) NO.		
	20a. ACCIDENT WAS UNDERLYING   ON CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	art II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour a. m. 19 While of work of two	ity or town) (County) (State)	
	21. I certify that (1) (this pospital) attended the deceased from		
	22a. SIGNATURE  M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D  22b. DATE SIGNED  22c. HYSICIAN'S  22d. ADDRESS		
	NAME (Type) JAMES R. MARTIN 6 SHAW STI ANNAPOLI'S IND.		
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY CENT 23d. LOCATION (City, town, or county)  Privace 11-10-1961 Forest Cown Cent Norfolk			
	24 JUNERAL DIRECTOR'S SIGNATURE for Suns Corress polis not DATED 8 161 Orthog & thouse		

PARTES! Bearing of the Walls of the Black The property of the second Dar Arest Dar Burn Dar Control and Commences Mayber to the Contract Contract Contract 65 min St. Almostis May Bill and the second of the sec The said of the said of the said of the said of

# FOR STATE HEALTH DEPT elay is necessary, eral director. Page d (or) your files. 2 with the State death. TO DY ITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a please-execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reit TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 5 or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hourselfer de

VS. A15ME 5M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH Pivisian of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12187

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmiss		
	STATE     b. COUNTY		
Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	Same  c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)		
P.O.Millersville Since birth	X		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Same  d. STREET ADDRESS  e. IS RESIDEN		
	ON A FAR		
Route 1 Box 240	Same YES NO.		
3. NAME OF First Middla DECEASED	Last 4. DATE Month Dey Year OF		
(Type or print)			
5. SEX Susan Dianese Peoples 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In years LIF UNDER 1 YEAR   IF UNDER 24 HI		
	8/14/61   last birthdey)   Months   Deys   Hours   Mil		
10a. USUAL OCCUPATION (Give kind of work done during most of working lifa, even if refired)	RY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUN		
None	Fort Marda Namital Ma		
13. FATHER'S NAME	Fort Meade Hospital, Md.   USA		
The months of malest teams			
Earnest Peoples Arletta Dianese Davidson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   17. INFORMANT   18. SOCIAL SECURITY NO.   18. SOCI			
No None Mr	. Earnest Peoples (father).		
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonitis	ONSET AND DEATH		
571.0 DUE TO			
Conditions, if any, which ) (b) Gastro-enteritis 3 days			
gava rise to immediate causa			
(a), sletting the undarlying DUE TO			
cause last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS  CAUSE OF DEATH.			
20e. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part   or Part    of item 18.)			
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Lower a.m. While Not While factory, street, office bldg., atc.) (City or town) (County) (State)			
Hour a.m. While Not While factory, street, office bldg., atc.)			
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion			
death resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined manner			
CHIEF MEDICAL EXAMINER			
ACTUAL ALLA ALLA WALLER OF ACTION ASSISTANT MEDICAL EVALUATED TO THE STORIED			
SIGNATURE M.D.			
EXAMINER'S			
NAME (Type) Gustave H. Faubert M.D.	Address (Streat, city, town, or county) Glen Burnie I		
22a. BURIAL, CREMATION 22b. DATE THEREOF THE PROPERTY OF CREMATORY 22d. LOCATION (City, town, or country) (Stele)			
RURIAL 20-NOV. 1961 Flow Haven Cometery Glen Busine - Maryland			
3. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			
the state of the s			
Robert P. Ware - blen Byrenie,	md. DATENOV 21 '61 Cirlling S. Hines		
1050171XV5			

1 all livings to the Dort Jene Esspit H.W. resided a menutation of the second DESIGNATION OF THE PERSON OF STREET Demon 1921 They have be maken - Elec Description of These Philip Charles - Philipping police 12000

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FOI		ATE DEPT.
Page .	files.	7
is nece	100	M)

TO DX ITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the tarteral of 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boa or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

a. COUNTY		2. USUAL RESIDENCE	(Where deceased lived, If institute b. COUNTY	ution: Residence before admission
A-A-	MARYLAND	DC	b. COUNIT	
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		utside corporate limits, write RUR	(AL and give nearest town)
write RURAL and give nearest town)	1 W	Total and an and		
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	Spital give street address)	d. STREET ADDRESS	con	a. IS RESIDENCE
	opinor, givo snoor address,		4	ON A FARM?
Laurel race track in	firmery	925 Potomac		YES NO
NAME OF First DECEASED	Middle	Last 4.	DATE Month	Day Year
(Type or print) Antonno Petrello			DEATH NOV	1th 19 61
	ED NEVER MARRIED B.	DATE OF BIRTH	19. AGE (In years   IF U	
M a VIDOW		o In lar	last birthday) Mor	nths Days Hours Min.
Male White	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fo	76 yrs.	2. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)	- 1 .	The process and the control of the	orongin country,	Zi Gillizzi Gi Wilki Coditiki
FATHER'S NAME	Barbering	Italy		Italian
. FATHER'S NAME		14. MOTHER'S MAIDEN NA	151.1.	
a Antonia Petre	2//0	• I	philomena	7,
	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
es, no, or unkown) (Ifyesglvewarordetesofservice) 3	79-05-9485			
18. CAUSE OF DEATH [Enter only one causa per	un known -	r Anthony Per	trello ( son )	
ID. CAUSE OF DEATH [thier only one cause per	line for (e), (b), and (c).			INTERVAL BETWEEN
				ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		emorrhage		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gas	tro'intestina l	nemorrhage		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		nemorrhage		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause		nemorrhage		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying  DUE TO		nemorrhage		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Gas  DUE TO  (c)	tro'intestina l			15 Minute
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying  DUE TO	tro'intestina l		DISEASE CONDITION GIVEN IN	15 Minute
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Gas  DUE TO  County	tro'intestina l		DISEASE CONDITION GIVEN IN	15 Minute
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CON	tro'intestina l	OT RELATED TO THE TERMINAL		15 Minute
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlyIng cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CON  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING	trofintestina i	OT RELATED TO THE TERMINAL		15 Minute
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying  PART II. OTHER SIGNIFICANT CONDITIONS COND	NTRIBUTING TO DEATH BUT NO	IT RELATED TO THE TERMINAL	or Part II of item 18.)	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO THE PERFORMENT NO THE PERFORMENT NO TO THE PERFORMENT NO THE P
PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlyIng  PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	IT RELATED TO THE TERMINAL		15 Minute
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying  PART II. OTHER SIGNIFICANT CONDITIONS COMPARY OF CONTRIBUTING CAUSE OF DEATH.  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	NTRIBUTING TO DEATH BUT NO RIBE HOW INJURY OCCURED. (EINJURY OCCURED   200. PLA 6 Not While   factor	of RELATED TO THE TERMINAL infer nature of injury in Part I o	or Part II of item 18.)	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO ST
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CO.  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year Hour a.m.	NTRIBUTING TO DEATH BUT NO RIBE HOW INJURY OCCURED. (E  INJURY OCCURRED   20e. PLA factor of Not While   factor	of RELATED TO THE TERMINAL infer nature of injury in Part I o  CE OF INJURY (Home, farm, fory, street, office bldg., etc.)	or Part II of item 18.)	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS COMPART III. O	NTRIBUTING TO DEATH BUT NO RIBE HOW INJURY OCCURED. (E  INJURY OCCURRED 200. PLA e Not While rk et work  nains described above, he	of RELATED TO THE TERMINAL inter nature of injury in Part I o  CE OF INJURY (Home, farm, fory, street, office bldg., etc.)	20f. (City or town)	15 Minut  N PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	NTRIBUTING TO DEATH BUT NO RIBE HOW INJURY OCCURED. (E  INJURY OCCURRED   20e. PLA factor of Not While   factor	of RELATED TO THE TERMINAL inter nature of injury in Part I on the control of the	20f. (City or town) spection , Inquiry ,	15 Minut  N PART I(a) 19. WAS AUTOPS) PERFORMED? YES NO (County) (State)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlyIng cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CON  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19  21. I certify that I took charge of the rendeath resulted from: Natural causes	NTRIBUTING TO DEATH BUT NO RIBE HOW INJURY OCCURED. (E  INJURY OCCURRED   20e. PLA e Not While   factor rk   et work       nains described above, he   Accident	TRELATED TO THE TERMINAL Internature of injury in Part I of the part I o	pection, Inquiry, Undetermined mann	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (State)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS COMPART III. O	NTRIBUTING TO DEATH BUT NO RIBE HOW INJURY OCCURED. (E  INJURY OCCURRED 200. PLA e Not While rk et work  nains described above, he	or RELATED TO THE TERMINAL  infer nature of injury in Part I o  CE OF INJURY (Home, farm, fory, street, office bldg., etc.)  Id an Autopsy, Inside, CHIEF MEDICAL EXA.	20f. (City or town)  20f. (City or town)  Dection Inquiry  Undetermined mannament	15 Minute  N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (State)  (County) (State)  DATE SIGNED
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to immediate cause (a), stating the underlyIng cause last.  PART II. OTHER SIGNIFICANT CONDITIONS COMPART II. OTHER SIGNIFICANT III. OTHER SIG	NTRIBUTING TO DEATH BUT NO RIBE HOW INJURY OCCURED. (E  INJURY OCCURRED   20e. PLA e Not While   factor rk   et work       nains described above, he   Accident	TRELATED TO THE TERMINAL Internature of injury in Part I of the part I o	20f. (City or town)  spection , Inquiry , Undetermined mann	15 Minut
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CON  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19  21. I certify that I took charge of the rendeath resulted from: Natural causes  ACTUAL  Manafacul	INJURY OCCURED 200. PLA factor while rk detwork mains described above, he Accident , Suici	T RELATED TO THE TERMINAL  Inter nature of injury in Part I o  CE OF INJURY (Home, farm, pry, street, office bldg., etc.)  Id an Autopsy, Ins  Id an Autopsy, Ins  CHIEF MEDICAL EXA.  A.S. ASSISTANT MEDICAL	20f. (City or town)  spection , Inquiry , Inquiry , Undetermined mannon , Lexaminer , Clen Bu;	N PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State)  And in my opinion or DATE SIGNED
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlyIng cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CON  20a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.  20c. TIME OF INJURY   Month, Day, Year   Year Hour a.m. p.m.   19   20d. While at word  21. I certify that I took charge of the ren death resulted from: Natural causes  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  BURIAL, CREMATION.   22b, DATE THEREOF	INJURY OCCURED 200. PLA factor while rk detwork mains described above, he Accident , Suici	inter nature of injury in Part I o  CE OF INJURY (Home, farm, pry, street, office bldg., etc.)  Id an Autopsy, Institute  CHIEF MEDICAL EXALABLE ASSISTANT MEDICAL EXALABLE Address (Street, city, Address (Street, city,	20f. (City or town)  spection , Inquiry , Inquiry , Undetermined mannon , Lexaminer , Clen Bu;	15 Minute   N PART 1(a)   19. WAS AUTOPSY PERFORMED? YES   NO
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS COMPART II. OTHER SIGNIFICANT III. OT	INJURY OCCURED. (E  INJURY OCCURED   200. PLA e   Not While rk   et work      Accident     Suici  PLACE   Suici  PLACE   NAME OF CEMETERY OR	T RELATED TO THE TERMINAL  Infer nature of injury in Part I o  CE OF INJURY (Home, farm, ory, street, office bldg., etc.)  Id an Autopsy, Insert de, Insert de, Homicide, CHIEF MEDICAL EXAL ASSISTANT MEDICAL EXAL ACCEPTANCE (Street, city, CREMATORY 222	20f. (City or town)  20f. (City or town)  30pection	15 Minute   N PART 1(a)   19. WAS AUTOPSY   PERFORMED?   YES   NO
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS COMPART II. OTHER SIGNIFICANT III. O	INJURY OCCURED. (E  INJURY OCCURED   200. PLA e   Not While rk   et work      Accident     Suici  PLACE   Suici  PLACE   NAME OF CEMETERY OR	T RELATED TO THE TERMINAL  Infer nature of injury in Part I o  CE OF INJURY (Home, farm, ory, street, office bldg., etc.)  Id an Autopsy, Insert de, Insert de, Homicide, CHIEF MEDICAL EXAL ASSISTANT MEDICAL EXAL ACCEPTANCE (Street, city, CREMATORY 222	20f. (City or town)  20f. (City or town)  20f. (City or town)  20f. (City or town)  3	15 Minute   N PART 1(a)   19. WAS AUTOPSY   PERFORMED?   YES   NO   NO   NO   NO   NO   NO   NO   N
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS COMPART II. OTHER SIGNIFICANT III. OTHER SIGNIFICANT III	INJURY OCCURED. (E  Not While et work   200. PLA e of work   factor hains described above, he   Accident   Suici   Suici   Accident   Accident   ADDRESS   Company   A	inter nature of injury in Part I o  CE OF INJURY (Home, farm, ory, street, office bldg., etc.)  Id an Autopsy Inside CHIEF MEDICAL EXAL ASSISTANT MEDICAL EXAL Address (Street, city, CREMATORY 22cc  CEMATORY 22cc	20f. (City or town)  20f. (City, town, or county)  20f. (City, town, or county)  20f. (City, town, or county)	15 Minute   N PART 1(a)   19. WAS AUTOPSY   PERFORMED?   YES   NO

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the attending physician and campletely filled motor the funeral directar, Then please remove carbon papers. Pages 1 and 2 should be filed with

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12189

		7	
1. PLACE OF DEATH a. COUNTY HANNE HRUNDE MA	aryland 2. USUAL RESIDENCE (WHO O. STATE )	nere deceased lived. If institution:	Residence before admission) NN HRUNDE
b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF ST.	12/2 - 1	aufside corporate limits, write RURA	<
d. NAME OF HOSPITAL-HI (lat in haspital, give street address)	d. SPREET ADDRESS	aren succi	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Mid		4. DATE Month	Doy Year
Type or print) Williams AHC	an Kedner	DEATH NOV	12 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAI	RRIED DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS. anths Doys Hours Min.
0a. USUAL OCCUPATION (Give kind of wark dane 10b, KIND OF BUSINES: during most of warking life, even if retired)	S OR INDUSTRY 11. BIRTHPLACE (State	or fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME William Alam Redner	14. MOTHER'S MAIDEN I	RAME Rence His	bord
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yes. no. or unknown) (If yes, give wor or dates of service)	NO. 17. INFORMANT	Redner - 5	AME
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	nL Vascular (	Collapse	INTERVAL BETWEEN ONSET AND DEATH
526× DUE TO MASSIVE	He montusi	s	1/2.
gave rise to immediate cause (a), stating the under-lying cause last.  DUE TO  BROWCh:	ectosis		542.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	7- 00 11:00	INAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	Y OCCURRED. (Enter nature of injury in	Part I ar Part II af item 18.)	
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED White Not while at wark at wark	20e. PLACE OF INJURY (Hame, farm factory, street, affice bldg., etc	n, 20f. (City ar tawn)	(Caunty) (State
21. I certify that (I) (this haspital) attended the decease saw the deceased alive an	ed fram. 1014	47, ta	, 19 <u>61</u> , that (I) (we) last
220. SIGNATORE Sui chard	ATTENDING M	ED. STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) R.W. PRICHARD	22d. ADDRESS 7/5 C	OTTER Rd	Glan Burner
23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION (City, town, or of Chercas Bali	Sounty) (State)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROLL ADDRESS ROLL ADDRESS	25a. REC		AR'S SIGNATURE  1 S. Hrana

TO HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 by may by dined by the haspital ar attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detoched for use as the burial-transit permit. Then pleose remove carbon papers. Pages 1 the State Board of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after deeth. VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Arundel the day Anne MARYLAND Anne Arundel Maryland by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest lown) write RURAL and give nearest town) filled in Pages 1 8 hours RURAL - Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Epping Forest General Hospital YES NO papers. Anne Arundel 3. NAME OF 4. DATE Middla Lest Month Day Year DECEASED compi within (Type or print) DEATH RHODES November 6 19 67 KATHRYN and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED XX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months! event WIDOWED DIVORCED Female Nov. 6, physician remove 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. 林林林林林 Maryland please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending JAMES RHODES JR. JO ANN HADEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | The law requires that the 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgive wer or detes of service) may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the 3 should be detached for use as the burial-transit permit. T MR JAMES RHODES JR: FATHER, SAME AS NONE # 2 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) for use as the burial-transit th prior to burial, cremation DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (a), stating the underlying RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING | 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20c. TIME OF INJURY Month, Dey, Yeer 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Steta) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work p.m. 21. I certify that (I) (this together) attended the deceased from Nov. 6, 19.61 to Nov. 6, 19.61, that (I) (200) last 19.61., and that deeth occured at........M, from the causes and on the dete stated above. saw the deceased alive on...... 22e. SIGNATUR ATTENDING STAFF ERAL DIRECTOR PHYS. page 22c. PHYSICIAIN'S ADDRESS NAME (Type) Clayton, Norton, M.D. Medical Bldg., Severna Park, Md. 230. BURIAL, CREMATION, 236. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Nov. 8.1961 St. Mary's Cemetery Annapolis, Ma 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) arthur & Kraus Anhapolis. Md. Home DATE

3 3 I design to be a 17 17 RELEE MEA OL the termination of the second Busiab Toy. 4,3001 St. Mary's Departury Street 12, 60. 

# FOR STATE IO D. IX MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a felay is necessary, please wecute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the referred director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH PERSONAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12191

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
	e. COUNT. A. CA . MARYLAND	a. STATE MD b. COUNTY AACO
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and giva nearest town)
	Annapolis	KEDGEWATER _ MD.
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
1	J.A. Arme Crundel Teneral	Shoreham Beach
3.	NAME OF First Middle	Last 4. DATE Month Day Yeer
	DECEASED (Type or print) Cears &	hards DEATH 11 8 1961
5.	SEX 6. COLOR R RACE 7. MARRIED NEVEL MARRIED B	. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	M WIDOWED DIVORCED	1-3-87   last birthdey)   Months   Days   Hours   Min.
	e. USUAL OCCUPATION (Give kind of work need during most of working life, even if retired)	
Re	etired-Ordnance DeptU.S.Gov't.	Louisiana U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Huntington Richards	Unknown
15.		NFORMANT Address
(1)	no, or unkown) (Ifyesgivawarordetesofservica) 3/ Mi	rs. Patricia Geyer-830 Dexter Street
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	Denver, Contamadaen
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  AULUM	Dusten
	424,4 DUE TO	La contraction of the second o
	Conditions, if any, which (b)	
	gave rise to immediate cause	
	(a), stelling the underlying	
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)   19. WAS AUTOPSY
	TAKI II. OTTEK STORITEART CONTINUES CONTINUES TO SENTE	PERFORMED?
S		YES NO
CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Part I or Part II of item 1B.)
AL	20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
MEDICAL		ory, street, office bldg., etc.)
	21. I certify that look charge of the remains described above, he	ld an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Hatural causes , Accident , Suici	de, Homicide, Undetermined manner
		CHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE / furbinall	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S R LIN MAR ST.	Address (Street, city, town, or county)  ROV 8/6/
228	B. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
	Burial 11/11/1961 Fort Lincoln	
23	FUNERAL DIRECTOR	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
	The S.H. Hines Co Washington 9.D.	DATE NOV 1 3 '61 Corthun & Thomas
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VR A15 (4) 15M 9/59

12206

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12192

200		
1	PLACE OF DEATH O. COUNTY ANDE ARUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION MURRAY AUE	1. d. STREET ADDRESS  ON A FARM?  YES   NO
	3. NAME OF DECEASED (Type or print) MARGARET Middle 7.	1 DOUT ADATE Month Day Yeor OF DEATH // 196/
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH  9. AGE (In years lost bighday) yrs.    IF UNDER 1 YEAR   IF UNDER 24 HR5.   Months   Doys   Hours   Min.
	10a. USUAL OCCUPATION (Give kind af work done during most of working life, even if refired)  Home  **Tomal France**  **T	MARYLAND U.S.A
	13. FATHER'S NAME	CARRIE CORNER
	15. WÁS DECÉASED EVER IN U. S. ARMED FÖRCES? (Yes, no, or unknown) (If yes, give war or dates of service)	RS. C. CORNER RIDGUT #2
	1B. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (o), stating the under-	ing Melaylolea) Puly 15/1461  e left breat: July 15/1461
	CATIC	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
		D. (Enter nature af injury in Part I ar Part II of item 1B.)
		ACE OF INJURY (Hame, form, later) (County) (Stote) (County) (Stote)
		death accurred al. M., fram the causes and an the date stated abave.
	220. SIGNATURE CULINI	M.D. PHYS. DIRECTOR DIRECTOR PHYS. D
	22c. PHYSICIAN'5 NAME (Type)	22d. ADBRESS Clivalolis, WY
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CO. St. MAR.	GARETS St. MARGARETS MO.
-	24. AUNEBAL DIRECTOR'S SIGNATURE ADDRESS LOKE M. Hoylord Hay Churapole	DATE NOV 2 2 '61 25b. RÉGISTRAR'S SIGNATURE Civiling S. Khana

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~ L	12207	CERTIFICA	ATE OF DEATH	Reg. Di	1,2193
M)	BLACE OF DEATH  a. COUNTY  ANNEA RUNDEL  b. CITY OR TOWN (If outside carporote limits, write  DIRAL and give nearest lown)	c. LENGTH OF STAY IN 16	MARYIAND	ceased lived. If institution: Residen b. COUNTY HNN ARU corporate limits, write RURAL and s	nde /
X	d. NAME OF HOSPITAL (If not in hospitol, give street or INSTITUTION	3M	d. STREET ADDRESS	ecliff Dr	e. IS RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED (Type or print)  SEX   6 COLOR OR RACE   7, MAINTERS   7, MAINTERS	Middle MARIE  RRIED NEVER MARRIED	1101177174	EATH NOV	Day Year 26 1961
		WED DIVORCED	8-6.61	lost birthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min. 20 Hours COUNTRY?
13	IN FIANT.  B. FATHER'S NAME  ALBERT ROMA		MARY /	RERSUBK	USA
	7.10/	S. SOCIAL SECURITY NO. 17. I	NFORMANT FATHER	111 Celarchy	W Brung m
	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1593 DUE TO		senital ABNO	RMALITIES	INTERVAL BETWEEN ONSET AND DEATH SINGL BIRTH
	Canditions, if ony, which gove rize to immediate cause (a), stating the under-lying cause last.  (b)  DUE TO				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS				T 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CAL CERTIF	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter noture of injury in Port I		
MEDIO	Hour o. m. 19 Whit of wo	e Nor while for	ACE OF INJURY (Home, form, 20f clory, street, office bldg, etc.)		County) (State)
1	21. I certify that I attended the deced alive an	4 4		from the causes and an the state of the causes and the state of the st	
2	PHYSICIAN'S Edcuin H  20. RURIAL CREMATION, 226. DATE THEREOF	T. BESSE			
	JEMONAL (Specify) In 27-6	22c. NAME OF CEMETERY O	Curly Jan. REC'D BY R	OCATION (City, town, or county)  Telus  Fyn  EGISTRAR  24b. REGISTRAR'S SIC  8 '61  Cyling S.	1 = //
7 -	ANA OR VILO	100	DATE NOV 2	2.	•

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BI SHOMFIAS STATE BENEFIT OF THE AND STATE OF ALLEY AND The state of the s AND AND DESCRIPTION

CERTIFICATE OF DEATH Rea. Dist. No.1 the funeral director. should be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY. MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) Crock POCK Creek d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? OLOVY (U/Un YES NO 3. NAME OF First 4. DATE Middle Month NOV. WALTER 196 COT DEATH (Type or print) 匮 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED PANEVER MARRIED B. DATE OF BIRTH 9. AGE (In years S. SEX last birthdoy) Months Days Haurs WIDOWED | DIVORCED Male yrs. 10o. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af working life, even if retired) From Worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY THROMBOSIS SUMPENL ( CORONARY ARTERY DISEASE è ony Canditians, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) ed : 0 as the 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctary, street, office bldg., etc.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED (State) Doy, Year (County) Haur a. m While Not while of work at work 21. I certify that I attended the deceased from JENE 21 1958 to NOU. 3 1961\_\_\_that I last saw the deceased , and that death occurred at 252 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED shauld PHYSICIAN'S ARTHUR LANKFORD PASADENA registrar 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) TO FU! REMOVAL (Specify) **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE VS A15 (4) MOV 6 Onthur & Kneep

Items 5.6

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	En en Albert Charles Agents	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours after death age 4 may be retained by the hospital or attending physician.

TO PUMERAL DIRECTOR: After this certificate has been signed by the attending physician and complement filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 15M 7/61 3.

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13.

15. (Yes

MEDICAL CERTIFICATION

23a

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manifest of the second	EPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORD  CERTIFICAT	TE OF DEATH	L2195
PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Whare deceased lived, If Institutio	n: Residence before edmission)
Anne Arundel County MARYLAND	Maryland Anne	Arundel
c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give neerest town)
Annapolis 3 years	// Annapolis, Maryland	
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Onewood Convalescent Home	d. STREET ADDRESS 913 Ridgewood A	e. IS RESIDENCE ON A FARM? YES NO
NAME OF first Middle DECEASED	Last 4. DATE Month	Dey Year
Type or print) Sarah W. Samis	DEATH Novemb	er 8. 1961
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	3. DATE OF BIRTH 9. AGE (In years   IF UND	ER 1 YEAR   IF UNDER 24 HRS.
Female   White   wildowed   DIVORCED	Feb 5, 1878 8382 yrs. Month.	Days Hours Min.
USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
housewife none	e N Mowell	VSA
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
UNITHOWUN	Worts	
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1, no, or unknown) (Ifyesgivewerordetesofservice)	INFORMANT Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	Alice Koone, Annapolis,	Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL TA  But to		ONSET AND DEATH
Conditions, if eny, which geve rise to immediate cause (e), stating the undarlying causa lest,  (b) ARTERIOSCLIEU  (c)	0515, GENERALIZED	5 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter nature of injury in Pert I or Pert II of item 18.)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (cory, street, office bldg., etc.)	County) (State)
21. I certify that (I) (this hospital) attended the deceased from	12/4 1959, to 11/8	196.1, that (1) (we) last
saw the deceased alive on	death occured at 5.P.M, from the causes and o	n the date stated above.
220. EGNATURE	ATTENDING MED. STAFF PHYS, DIRECTOR PHYS.	22b. DATE SIGNED
NAME (Type) Dr. Edward S. Beck	73 Franklin Street, A	napolis, Md.
BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTERY REMOVAL (Specify)  Burial 07  10/05/09/09/09/09/09/09/09/09/09/09/09/09/09/		
FUNERAL DIRECTOR'S SIGNATURE  Beech Arracuta Laboratel La	250. REC'D BY REGISTRAR 25b. REGISTRAR DATE NOV 1 4 '61 Cirthur	'S SIGNATURE 8. Hours
The state of the s		

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Sarah W. Sante

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MARYLAND STATE DEPARTMENT OF HEALTH ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 24 hours after PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) e. COUNTY **b** COUNTY 1 2 die Anne Arundel Anne Arundel MARYLAND by the b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) === Annapolis Annapolis filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Anne Arundel General Hospital 1012 Poplar paper: 3. NAME OF 4. DATE Middle last Month comple DECEASED OF (Type or print) DEATH within Charles SANDS November carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR and last birthday) Months DIVORCED | Male WIDOWED Y August 13. 1878 physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Maryland umber please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME c attending Then I 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give wer or detes of service) may be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) the burial-transit DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY as o prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) detached for OR CONTRIBUTING [] CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer (County) fectory, street, offica bldg., etc.) Not While While et work at work p.m. pe 21. I certify that (I) (this consider) attended the deceased from Nov, 10, ...., 19.61 to Nov. 11, 19.61, that (I) XX e) last pinous State 10:35 P.M. 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. ERAL 26 Gano 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 100 Cathedral St., Annapolis, Md. Richard I. Hochman BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY KEMOVAL (Specify) OL 25b. REGISTRAR'S SIGNATURE 15

e. IS RESIDENCE ON A FARM?

YES NO X

1961

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(State)

DATE

SIGNET

YES TY NO

MERUN

U.S.

Cirling S. Tirana

Year

The law requires that the death VR A15 (4) sifegenna . January Stole Vill ount Majust 15, 1878 - 95 .c. Varyeland a - bankayaw THE THE THE STATE FORESTER 218-12-144 DARES H Sunos of the state of the party of the party of the party of the state of th 10.23 1. .. e care and continued to Reflect I. Coulons

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

122	11	CERTIFICA	ATE OF DEA	1/24/61 i		Reg. Dist. No.	2400
1. PLACE OF DEATH O ATME Arund	el	MARYLAND	2. USUAL RESIDENCE o. STATE Mary		d. If institution: b. COUNTAIN	Residence before Arund	el
b. CITY OR TOWN (If ou RURAL ond give neore: Fort George		c. LENGTH OF STAY IN 1b		(If outside corporate I		AL and give ned	prest town)
d. NAME OF HOSPITAL (	ough Army Ho		d. STREET ADDRESS	S			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First ALICIA	Middle ANN	SIMMONS	4. DATE OF DEATH N	Month OVEMBER	15	Yeor 1961
		ARRIED NEVER MARRIED DWED NO ADDIVORCED	8. DATE OF BIRTH 4 February	1951		Onths Doys	IF UNDER 24 HI Hours Min
10a. USUAL OCCUPATION ( during most of working	Give kind of work done life, even if retired)	05. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SI Virgi)		)	USA	F WHAT COUN
13. FATHER'S NAME Opel E.	Simmons		14. MOTHER'S MAIDE Kathlee				
15. WAS DECEASED EVER IN (Yes. no. or unknown) (19 yes	U. S. ARMED FORCES? s. give wor or dates of service)		nformant her Qtrs #	7023-D Ft	Address Geo G.		Md.
PART I, DEATH	WAS CAUSED BY: MEDIATE CAUSE (o) DUE TO which ediate  (b)	r line for (o), (b), ond (c).] Leukemia				INTE ONS 22	ERVAL BETWEEN BET AND DEATH months
PANT II. OTHER S		IS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRE				I IN PART 1(o) 1	9. WAS AUTOPS PERFORMED? YES [4] NO [
U (IF EITHER, NOTIFY MED 20c. TIME OF INJURY / Hour a. m.	Month, Doy, Year 20d		ACE OF INJURY (Home, 1 ctory, street, office bldg.,	form, 20f. (City or to	iwn)	(County)	(Sto
ACTUAL SIGNATURE	man &	osed from 1 Mar 0,61 and that death 2 buson INSON, Capt., M.	, 19 <sup>61</sup> , to accurred ob: 25  Kimbrou	A M, from the	e causes and	d on the da	ow the deceding stated about the stated about the state stated about the state state about the state state about the state state about the state state about the state about t
220. BURIAL CREMATION, REMOVAL (Specify)		22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION Suffol		county)	(Slote)
23. FUNERAL DIRECTOR'S SI		ADDRESS		EC'D BY REGISTRAR		AR'S SIGNATUR	RE
R.Selby.502	4th St. I.	aurel Md	DATE	OV 2 1 '61	0.11	· 9 St	

TO HOSP. LOR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 haurs after death. Page 4 may be aloned by the hospital or attending physician.

TO FUN. I DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

AND AND THE PARTY OF no and art is the steer first in the second state of the second second second second second second second second the designation of the second The first state with the latter from

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PARCE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) Page e. COUNTY Health, eral director, Page is necessary b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Im are e Suburban RUCAL- ANNOMOIIS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Boa 202 State NIWE MRUKICL Genera retained death. 3. NAME OF Middle Last 4. DATE Month DECEASED artificate should be executed within 24 hours after death. If a "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the examiner's Office along with form PM3. Page 5 max be ret with the OF WEL (Type or print) DEATH MINGIN S 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR 2 with lest birthdey) Months WIDOWED [ DIVORCED E TO 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maintenance Man Galf Oil Co pages within Maryland Office along with form PM3. burial-transit permit. File page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rufus O. Simmens Hattie D. Parks event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) | (If yes give we ror detes of service) 9-1601 Mrs. Hattie D. Simmens WWL1 1943-45 certificate should be executed Same 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), .5 PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) removal, DUE TO Conditions, if eny, which (b) geve rise to immediate cause ecute the certificate, writing the word "pending" be forwarded to the Chief Medical Examiner's RAL DIRECTOR: Page 3 should be used as a ignated agent, prior to burial, cremation, or ren DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar neture of Injury in Pert I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) fectory, street, office bldg., atc.) While Not While Hour a.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S plnods NAME (Type) Address (Street, city, lown, or county) 22b. DATE THEREOF 22d. LOCATION (City, lown, or country) 22e. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY A REMOVAL (Specify) 40 Ö 0 Burial Nov. 22. 1961 Glen Haven Mem. Pk. Glen Burnie, A. A. 0 FUNERAL DIRECTO ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 4001 Ritchie Hwy. (25) 5M 7/59 tonce

George

J.

Gence

Anne Arunde

a. IS RESIDENCE ON A FARM?

YES NO

196/

Min.

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NOV

(State)

and in my opinion

DATE SIGNED

11.19,61

Col

(Stele)

Yeer

Dev

Deys

U. S

(County)

CONTROL OF THE PROPERTY AND ADDRESS OF STAME OF THE PARTY alta Latital and promis district and for the State Contest this ist AND A THE SALE AND RELIGIOUS AND A PARTY OF THE PARTY OF THE SALE AND ASSESSED. Company of the present of the presen

TO HOSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death age 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 2 hours after death

VR A15 (4) 15M 7/61

19912

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12199

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
a. COUNTY Anne Arundel MARYLAND	a. STATE Maryland b. COUNTY Harford
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL end give nearest town) Annanolis 18 days	Norrisville /2 x · 2
Annapolis  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress)	d. STREET ADDRESS   e. 15 RESIDENCE
	ON A FARM?
Anne Arundel General Hospital	YES NO X
DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) Lawrence	SMITHSON DEATH November 28 19 61.
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	ecember 11. 1882 78 yrs. Months Days Hours Min.
	1 11. BIRTHPLACE (County & Stete, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life even if refired)	Maryland U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1.4N SWITHSON	ALICE SHANDARGER
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. II	NFORMANT Address
(Yes, no, wunkown) (If yes give wer or dates of service) 102 19 1000	1308 POLAR ST.
1/82-18-6779 N	your V. I melhan ANNAPOLIS, M.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: My vear Me as	infarction 12+56h
DUE TO	, , ,
Conditions, if eny, which (b) article	ate CVn 6 m
gave rise to immediate cause	77200
(a), steting the underlying DUE TO	
cause last. (c)	Vaccinity and the second secon
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO XX
DR CONTRIBUTING [] CAUSE OF DEATH	(Enter neture of injury In Pert I or Pert II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)  ory, street, office bldg., etc.)
nour a.m.	ory, street, office diag., etc.)
	Nov. 10, 19 61, to Nov. 27, 19 61, that (1) (33) last
21. I certify that (I) (hypothesizat) attended the deceased from	100 - 10 19 04 10 110 1 19 04, fnar (1) (40) last
	death occured atM. from the causes and on the date stated above;
220. SIGNATURE	ATTENDING MED. STAFF , SIGNED
Martell Alleplus M.	D. PHYS. DIRECTOR PHYS. 11/28/61
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Frank M. Shipiey, M.D.	121 Cathedral St., Annapolis, Md.
239. BURIAL, CREMATION,   23b. DATE THEREOF   23c. NAME OF CEMETERY (	
BENOVAL Specify) 19 1 1961 NOPPICIUI	LE NORRISVILLE, HARFURD CO., Md.
	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
Hennell W Wildhum & cevartitu	in /2. DATE NOV 3 0 '61 ailus S. Kraus

brobusi December 11, 1882 - 78 CAZATE C LEVA FERN DESTANDED JOHN SMITHSON PAICE SHAWBARGE 183-18-6119 to John N. Smither That Housey H with the state of LOV. TO. VOL. 101. 101. 17, 1101. to a constant Print of Chicago, i.E. 122 Cobretter St., amendia, id. The the state of t The star where where the man will all the

# FOR STATE HEALTH DEPT

TO DX ITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a hay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with Five State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH				II 2 TIGT	INT PEGIDER	CP When d	account lived	If institution	. Residence	before admission)
e. COUNTY					TATE			UNTY _		001010 001111011,
Anne Arunde	I County		MARYLAND		Same			Sai		
	foutside corporeta limit give nearest town)	ts, c.	LENGTH OF STAY IN 18	b c. C.	ITY OR TOWN	(If outsida corp	orata limits, v	write RURAL a	nd giva na	erest town)
Severna Par			20 yrs.	XS	ame					
d. NAME OF HOSPI	TAL OR INSTITUTION (	if not in hospital	, give streat address)	d. 5	TREET ADDRESS				1	a. IS RESIDENCE
Route 2, Box	x # 132			1 5	ame					YES NO X
3. NAME OF DECEASED	First		Middle		Last	4. DATE	М	onth	Dey	Yaer
(Type or print)	John			Szvn	anski	DEATH	No.	vember	15	1967
5. SEX		7 MARRIED	NEVER MARRIED	8. DATE O		19	. AGE (In ye	ars   IF UNDE		F UNDER 24 HRS.
Male	White	WIDOWED X		12/8	/77		83 yr	14(0)111119	Deys	Hours Min.
10a. USUAL OCCUPAT	ON (Giva kind of work	IDb. KIND	OF BUSINESS OR INDUS	STRY   11. BIT	RTHPLACE (State	or foreign co	untry)	12. C	ITIZEN OF	WHAT COUNTRY?
done during most of wo Retired Bar		d)		Pe	land				1)	? A
13. FATHER'S NAME	render				THER'S MAIDEN	NAME		1	V	5. A.
Joseph Szym				1 7						
15. WAS DECEASED EV			CIAL SECURITY NO. 17	. INFORM	ANT		Add	Iress		
No		Non	e M	Irs. Ma	ry Fred	erick	(Daugh	ter)		
18. CAUSE OF E	EATH [Enter only one	cause per line f								RVAL BETWEEN ET AND DEATH
PART I. DEAT	H WAS CAUSED BY:	Conobr	al Hemorrha	000					1	dden
2011			at momortine	rge					- Ju	10011
331X	33) X DUE TO									
Conditions, if eny	(-7.			-						
(e), steting the u	DI DI IE TO								-	
causa last,	) (c)									
PART II. OTHER	SIGNIFICANT CONDI	TIONS CONTRI	BUTING TO DEATH BUT	NOT RELATER	TO THE TERM	INAL DISEASE	CONDITION	GIVEN IN PA	RT 1(e) 19.	PERFORMED?
ATT									YE	and the same of
6.1		Oh DESCRIBE I	HOW INJURY OCCURED	/Enter netur	e of injury In Pr					
20a. EXTERNAL CA	USE WAS 2		JOW HADOK! OCCOVED	A. frillet maint	a of infail in to	art I or Part II o	f itam 18.)			
PART II. OTHER  20s. EXTERNAL C/ PRIMARY   or CO CAUSE OF DEATH.		.vo. DESCRIBE	HOW INJUNI OCCURED	y. (Emer nerur	0 01 111 017 111 71	art I or Part II o	f itam 18.)			
	NTRIBUTING		JRY OCCURRED   20e. 1	PLACE OF IN.	JURY (Homa, fer	m, ; 20f. (Cil	f itam 18.) y or town)	(C	ounty)	(Stata)
20c. TIME OF INJU	NTRIBUTING	ar   20d. INJU	JRY OCCURRED   20e. 1	PLACE OF IN.		m, ; 20f. (Cil		(C	ounty)	(Stata)
20c. TIME OF INJU	IRY Month, Dey, Ya	aar 20d, INJU While et work	URY OCCURRED 20e. 1	PLACE OF IN.	JURY (Homa, fer , office bldg., et	rm, 20f. (Cil	y or town)			
20c. TIME OF INJU- Hour e.m. p.m. 21. I certify the	INTRIBUTING	While et work	URY OCCURRED   20e. 1	PLACE OF IN. factory, street,	JURY (Homa, fer , office bldg., et utopsy,	(Cilc.)	y or town)	quiry X,		(Stata)
20c. TIME OF INJU	IRY Month, Dey, Yang 19	While et work	URY OCCURRED   20e. 1	PLACE OF tN. factory, streat, held an A uicide,	JURY (Homa, fer , office bldg., et utopsy, Homicide	Inspection	y or town)	quiry X,		
20c. TIME OF INJU- Hour e.m. p.m. 21. I certify the death resulted	INTRIBUTING	While et work	URY OCCURRED   20e. 1	PLACE OF tN. factory, streat, held an A uicide,	JURY (Homa, fer , office bldg., et utopsy,	Inspection	y or town)	quiry X,	and i	n my opinion
20c. TIME OF INJU- Hour e.m. p.m. 21. I certify the death resulted	INTRIBUTING	While et work	URY OCCURRED   20e. 1	PLACE OF IN. factory, streat, held an A uicide,	JURY (Homa, fer , office bldg., et utopsy, Homicide	Inspection  LEXAMINER	y or town)	quiry X,	and i	
20c. TIME OF INJU- Hour e.m. p.m. 21. I certify the death resulted the suited	INTRIBUTING	While et work	URY OCCURRED   20e. 1	PLACE OF IN. factory, street, held an A uicide,	JURY (Homa, fer , office bldg., et utopsy, Homicide CHIEF MEDICAL	Inspection  LEXAMINER DICAL EXAMINER	y or town)  X, In: ndetermine	quiry X,	and i	n my opinion
20c. TIME OF INJU- Hour e.m. p.m.  21. I certify the death resulted to ACTUAL SIGNATURE	INTRIBUTING	20d. INJU While et work of the remain auses	JRY OCCURRED 200. I	PLACE OF IN. factory, street, held an Auicide,	JURY (Homa, fer , office bldg., et utopsy, Homicide CHIEF MEDICAL ASSISTANT ME DEPUTY MEDICA	Inspection  EXAMINER  DICAL EXAMINER  AL EXAMINER	y or town)	quiry X,	and i	n my opinion  THE SIGNED
20c. TIME OF INJU- Hour e.m. p.m.  21. I certify if death resulted  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  22c. BURIAL, CREMATIC	MONTRIBUTING   19  Inat I took charge of from: Natural call the Ca	20d. INJU While et work of the remain auses	JRY OCCURRED 200. I	PLACE OF IN. factory, street, held an Auicide,	JURY (Homa, fer office bldg., et utopsy, Homicide CHIEF MEDICAL ASSISTANT ME DEPUTY MEDICA Address (Street,	Inspection  EXAMINER  DICAL EXAMINER  City, town, or	In Indetermine	quiry X,	and i	n my opinion  THE SIGNED
20c. TIME OF INJU- Hour e.m. p.m.  21. I certify the death resulted a  ACTUAL SIGNATURE EXAMINER'S NAME (Type)	MONTRIBUTING   19  Inat I took charge of from: Natural call the Ca	20d. INJU While of the remain auses	JRY OCCURRED 200. I	PLACE OF IN. factory, street, held an Auicide,	JURY (Home, fer office bldg., et office bldg.	Inspection  LEXAMINER  DICAL EXAMINER  city, town, or	y or town)  Indetermined  NER County) C1.  TION (City, 1	quiry X, d manner   en Bur;	and i	n my opinion  ATE SIGNED  5/61  Md  (Stete)
20c. TIME OF INJU- Hour e.m. p.m.  21. I certify the death resulted a  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  22e. BURIAL, CREMATIC REMOVAL (Spacify	MONTRIBUTING   19  That I took charge of from: Natural call the charge of the charge o	20d. INJU While of the remain auses	JRY OCCURRED 200. I Set work Set work Secretary Secretar	PLACE OF IN. factory, street, held an Auicide,	JURY (Home, fer office bldg., et office bldg.	Inspection  LEXAMINER  DICAL EXAMINER  city, town, or	y or town)  Indetermined  NER County) C1.  TION (City, 1	quiry X, d manner   en Bur;	and i	n my opinion  ATE SIGNED  5/61  Md  (Stete)
20c. TIME OF INJU- Hour e.m. p.m.  21. I certify if death resulted  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  22c. BURIAL, CREMATIC	MONTRIBUTING   19  That I took charge of from: Natural call the charge of the charge o	Paubert  Faubert  20d. INJU While et work Faubert  22d 77	JRY OCCURRED 200. I	PLACE OF IN. factory, streat, held an A uicide,  M.D.	JURY (Homa, fer, office bldg., et utopsy, Homicide CHIEF MEDICAL ASSISTANT ME DEPUTY MEDIC, Address (Street, ORY	Inspection  EXAMINER  DICAL EXAMINER  City, town, or	Indetermined County CI TION (City, I	quiry X, d manner   en Bur;	and i	n my opinion  ATE SIGNED  5/61  Md.  (Stete)  ///

SEL - NOT IS GIVE

President Committee Commit

the served being out were

DIPPER SKILL PROBES KOMBANTATE SELLEN

Lawrence F. Fernege, K.B.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISIONS TANSTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
12201 12201

1. PLACE OF DEATH	I					ICE (Where de	eceased lived, If		dence before	edmission)
Anne Aru	ndel		MARYLAN	o. STATI	vland		ь. coun Ba	timore	City	
b. CITY OR TOWN (	if outside corporate limits,	c. l	ENGTH OF STAY IN		e/		orate limits, write			wn)
Crownsvi	lle		mos. 18 da		timor			3	VO 1 -	4
	TAL OR INSTITUTION (if n		give street address)		T ADDRESS					RESIDENCE ( A FARM?
Crownsvi	lle State Ho	spital				Fulton	Avenue		YES	NO X
3. NAME OF DECEASED	First		Middle	(Ter	rell)	4. DATE OF	Month	C	ey Ye	
(Type or print)	Jame	-	Albert	Ter	rell	DEATH	11	2	6 19	61
5. SEX	6. COLOR OR RACE 7.	MARRIED T	NEVER MARRIED	8. DATE OF BI	RTH	9	. AGE (In yeers last birthdey)			R 24 HRS.
Male	2.0	VIDOWED	DIVORCED	January	201h	.1885	76 yrs.	Months Day	rs Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work	1Db. KIND O	F BUSINESS OR INDU				foreign country)	12. CITIZE	N OF WHAT	COUNTRY?
	orking life, even if refired)		, and and had bad		Virgi	nia			U.S.A.	
13. FATHER'S NAME				14. MOTHE	_					
Jos	eph Terrill			5	allie	?				
	ER IN U.S. ARMED FORCE	57 2320	20-05174	7. INFORMAN'			Address			
(Yes, no, or unkown) (I	fyesgivewerordetesofserv	unkr	The second second	Hospita		ords				
18. CAUSE OF I	EATH [Enter only one ce	use per line for	r (e), (b), end (c),)	-	-			1	INTERVAL B	ETWEEN
PART I. DEAT	H WAS CAUSED BY:		cemia						ONSET AND	DEATH
1100	IMMEDIATE CAUSE (8)									
100	Decubital Ulcers									
Conditions, if eny								-		
(a), steting the u	DUE TO		wash and Assault			Condias	roamlow	Digona	•	
ceuse last,	10/		sated Art							
PART II. OTHE	SIGNIFICANT CONDITION		on of lef		THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART 1(	PERF	ORMED?
5		20					4.1.		YES	NO X
OR CONTRIBUTING	AS UNDERLYING [] 2 [] CAUSE OF DEATH MEDICAL EXAMINER)	Db. DESCRIBE	HOW INJURY OCCL	JRED, (Enter nature	of injury in	Part I or Pert	I of item 1B.)			
ZDc. TIME OF INJU	RY Month, Day, Year	While	Y OCCURRED 20e. Not While et work	PLACE OF INJURY fectory, street, offi			y or town)	(County	)	(State)
21. I certify t	hat (I) (this hospital	) attended	the deceased fro	<sub>om.</sub> 8/8			11/26			
	sed alive on 1	1/26	19 61, and 1	that death occ	ared at 8	AM, from	the causes	and on the	date state	ed above.
22a. SIGNATURE	0.0	/							22	b. DATE
neelia	affect 1	217		M.D. ATTEND	X	MED. DIRECTOR	STAFF PHYS.		13	1/27/6
22c. PHYSICIAN'S NAME (Type	Hildegard H	leard Re	eissman, M	D. C:		rille S	tate Hos	pital,	Maryla	and
23a. BURIAL, CREMAT	ION, 23b. DATE THEREC		NAME OF CEMETE		RY	23d. LOC	ATION (City, to)	vn or county)		(State)
REMOVAL (Specify) Burial	11/30/61		Mt. Auburn				Baltimor	e	Ma	arylan
24 FUNERAL MIRECTO	S SIGNATURE	-1.	ADDRESS	17. BI	100	01001	TRAR 2Sb. REG	GISTRAR'S SIG	NATURE	
( houll	Tupe	5/1	(acrece	100 010.	DATE	AND E O	VII	0-1-1	Manu	

within 24 hours after filled in by the funeral Pages 1 and 2 should death got 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR. After this certificale has been signed by the attending physician and completery filled of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at TO HOSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed that the death certificate be executed to the hostital or attending the control of the law in the control of t

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VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1981) 1 (1 19916

1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDEN	ICE (Where decees	ed lived, If In		ce before edmission)			
Anne Arundel MARYLAND	o. STATE Maryland b. COUNTY Dorchester							
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporate	limits, write	RURAL end give r	neerest town)			
crownsville 4 yrs. 8 mos.	Church	Creek						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	5	A	020	e. IS RESIDENCE			
Crownsville State Hospital	ON A FARM?							
3. NAME OF First Middle DECEASED	Last	4. DATE OF	Month	Dey	Yeer			
(Type or print) George	Travers	DEATH	11	5	1961			
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	. DATE OF BIRTH			IF UNDER 1 YEAR	IF UNDER 24 HRS.			
Male Negro WIDOWED DIVORCED	1907		At yrs.	Months Days	Hours Min.			
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Cos			12. CITIZEN O	F WHAT COUNTRY?			
done during most of working life, even if retired)  Laborer  Saw Mill	Marylan	d		U.S.A				
13. FATHER'S NAME	14. MOTHER'S MAIDEN			0.50.	•			
Daniel Travers		Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	NINODAK RAIM	UIIKHOWH	Address					
(Yes, no, or unkown) (Ifyesgive weror detes of service)			Vadiess					
Unknown Unknown	Hospital Re	ecoras						
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY,  INTERVAL BETWEE ONSET AND DEAT								
PART I. DEATH WAS CAUSED BY, Hypostatic Pneumonia								
026 X DUE TO								
Conditions, il eny, which Senile Cachexia								
geve rise to immediate cause	geve rise to immediate cause							
(e), steting the underlying DUE TO								
	T RELATED TO THE TERM	INAL DISEASE CON	DITION GIVE	N IN PART 1(e)   1	9. WAS AUTOPSY			
Chronic Brain Syndrome associated with Central Nervous System Syphilis   YES   NO 🔀								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED?  PERFORMED?  PERFORMED?  YES NO X  200. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSED. (Enter neture of injury in Part I or Pert II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  IIF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele)  Hour e.m. 19 et work at work								
Hour e.m While Not While fectory, street, office bldg., etc.)								
21. I certify that (I) (this hospital) attended the deceased from 3/20 1957, to 11/5 1961, that (I) (we) last								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
77.40 100								
ATTENDING MED. STAFF 71 /4 /47 SIGNE								
M.D. PHYS. DIRECTOR PHYS. L. 11/6/61								
NAME (Tyde) Lionel McHenry Mapp, M. D.		ille State	e Hosp	ital, Man	ryland			
230. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, tow	n or county)	(Stete)			
Rem-Burial 11/9/61 Linas Road Ce	metery	Dorches	ster. N	Maryland				
24 FUNERAL DIRECTORIS SIGNATURE ADDRESS		EC'D BY REGISTRAR			TURE			
Michiel M Stelland & Combridge, Maryland				Lug S. Krou				
daniel rage, har yrand	IDAIB	OV 1 4 '61	Chil	mer a, / coll	~			

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TO FUNER

VR A15 (4) 15M 9/59

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12203

1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE b. COUNTY
MARYLAND	a. STATE MICH B. COUNTY CE CE
b. CITY OR TOWN (If outside corporate limits, write purel, one give nearest town)  Allowerdere, Hahla	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
d. NAME OF HOSPITAL (If not in hospital, dive street oddress)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	ON A FARM? YES NO NO
8. NAME OF First Middle	
(Type or print) Levige Melson	Jules & DEATH 11- 18 1961
S. SEX  6. COLOR OR RACE 7. MARRIED   VIEVER MARRIED   WIDOWED   DIVORCED	B. DAFE OF BIRTHU 1870  9. AGE (In years last birthdoy)  Manths Doys Hours Min.  yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STAY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	Olojopa To USA.
13. FATHER'S NAME 1	14. MOTHER'S MAIDEN NAME
Olbert D. Taler	Wather Welster
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1/6. SOCIAL SECURITY NO. 17. II	NFORMANT Address
(Yes, no. it whnown) (If yes, give war or dates of service)	Mo Russell Carfagno (2)
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ra Iday
42010 DUE TO CO	1 111
Canditians, if any, which) (b) Cherro dele	ohe heart usease 3/2!
gave rise to immediate couse (o), stating the under-	0- 0- 1
lying couse last. (c) CONCONCELE	you Jeveralized ) mi
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO ( TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CAI	YES NO
20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTION   20b. DESCRIBE HOW INJURY OCCURRE OR CONTR	ED. (Enter nature of injury in Port I or Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)
Hour a. m.  P. m.  Hour a. m.  While Not while at work at work	ctory, street, office bldg., etc.)
1	5 1960 to mu 18 1961, that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased fram.	death accurred at SM, fram the causes and an the date stated above.
saw the deceased alive on	gearn accurred at 3 - Mr, from the causes and an the date stated above.  22b.DATE
Jan Ma	M.D. PHYS. MED. STAFF DIRECTOR PHYS. STAFF
22c/PHYSICIAN'S	22d. ADDRESS
NAME (Type) JAMES R. MARTIN	6 SHAW ST., HUNAPOLIS, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMAJORY 23d. JOCATION (City, tawn, ar county) (Stote)
Burice 11-21-1961 A Mary	scient Amajaoles Mc.
22 FUNERAL DIRECTOR'S SIGNATURE CON ADDRESS C	25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Journ 11.	DATE NOV 22 61 Ciribun S. Kraus

who make the control of the control A Street & Street & Street & St. College & S Africa R. MARTIN ESPAIN ST. PHYMEROSOME

or remayal.

5M 9/55

12218 ME						MA	K	Y	LA
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### AND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 DICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.	Diå.	180	20	1
B.		APR 7.38	47 2	100

1. PLACE OF DEATH O. COUNTY A MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     O. STATE     D. COUNTY
b. CITY-OR TOWN (If outside corporate limits, write RURAL ond give nearest lown)  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address)  C. LENEVEL	d. STREET ADDRESS  23 State Cercle  o. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Williams Poland (	Nonexant A. DATE Month Day Year OF DEATH // - 19 196/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A B WILLE WIDOWED DIVORCED	9. AGE (In years lost birthday)  9. AGE (In years lost birthday)  7 yrs.  9. AGE (In years lost birthday)  7 yrs.
10a, USUAL OCCUPATION (Give kind of work done of the straining most of working life, even if retired)  21, S, A,	11. BIRTHPLACE (Stote or foreigh country) 12. CITIZEN OF WHAT COUNTRY?
13. tatter's NAME Millecim H. Vun Sant	Clara L. Johnson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no per unknown) (If yes, give war or dates of service)	NORMANT LO Phompson and Mest St.
PART I. DEATH [Enter only one cause per line for (a), (b) and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN OMSET AND DEATH
24 3 4, 4 DUE TO Conditions, if any, which (b) gove rise to immediate cause	
couse tost. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATIO	PERFORMED? YES NO
	Enter nature of Injury in Port I or Port II of item 18.)
	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ary, street, office bldg., etc.)
21. I certify that took charge of the remains described abo	
ACTUAL SOLLAR LAND	cide , Homicide , Undetermined cause .  CHIEF MEDICAL EXAMINER .  DATE SIGNED
EXAMINER'S NAME (Type) F- LINDAL VI.	ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DEPUT
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR STANDARD 11-22-1961 St Chine	& Cent Grapolis Md-
23. FUNERAL DIRECTOR'S SIGNATURE SUMS CADDRESS	Md 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Cirium S. Thank

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If any deloy is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral ector. Page 4 shauld be forwered to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far you.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, Chapation, ar remavo VS. AISME(S)

EXAMINER'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF

FUNERAL DIRECTOR'S SIGNATURE

	a de ama de	STATE DEPARTME			
	12219 MEDIC	CAL EXAMINER'S	CERTIFICATE O	F DEATH Reg. Di	<b>32</b> 205
	PLACE OF DEATH Q Q	MARYLAND	2. USUAL RESIDENCE (Where dec	b. COUNTY	ce before admission)
1	on over nearest town)  COPPOR TOWN (If outside corporate limits, write RURAL and over nearest town)	c. LENGTH OF STAY IN 16	10//	carporate limits, write RURAL and	give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (IF not in	hospital, give-street address)	d. STREET ADDRESS	beache Clive	e. IS RESIDENCE ON A FARM? YES NO ST
	NAME OF DECEASED (Type or print)	Elizabeth.	Challer DEAT		Day Year
5. 5	Fimule White WIDO	WED DIVORCED	DATE OF BIRTH 741888	93 yrs.	YEAR IF UNDER 24 HRS. Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done 11 uring most of working life, even if retired)	Heme	RY 11. BIRTHPLACE (Stote or foreign	in country) 12. CITIZ	EN OF WHAT COUNTRY?
13.	FATHER'S NAME Millram Chi	Behill	14. MOTHER'S MAIDEN NAME	9 games	
15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? , no, of unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. IN	Gloria W	Meira	2
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 434.4 DUE TO Conditions, if ony, which)	line for (o), (b) and (c).]	1,	У	INTERVAL BETWEEN
	gove rise to immediate couse (c), stating the underlying couse lost.				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	RIBE HOW INJURY OCCURRED. (Er	iter nature of injury in Port I or Por	t II of item 18.)	
MEDICAL	Haur a. m. V		E OF INJURY (Home, form, 20f. (ry, street, office bldg., etc.)	City or town) (Coun	(Stote)
	21. I certify that I took charge of the death resulted from: Natural cease	~ /	re, held an Autopsy [], ide [], Homicide [],	Inspection , Inquiry Undetermined cause .	, and find that
	ACTUAL SIGNATURE	all	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMI	tund	DATE SIGNED

DEPUTY MEDICAL EXAMINER

24a. REC'D BY REGISTRAR NOV 2 2 61 DATE

22d. ACATION (City, town, or county)

248. REGISTRAR'S SIGNATURE

(Stote)

22C NAME OF CEMETERY OR CREMATORY

ADDRESS

5M 9/55

FLISSE Fran 

# may be trained by the haspital ar attending physician. • FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled. • page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO FUNE

VS A15 (4) 15M 10/57

12220

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

2000 to 100

	Keg. Dist. Mo.C.
1. PLACE OF DEATH O. COUNTY ANNE ARUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (it outside consorote limits, write, RURAL and give parest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  **BROOKLYN PARK**
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 200 4TH. AVE.	d. STREET ADDRESS ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) IDA E WEIDENHAN	Losi 4. DATE Month Day Yeor OF DEATH NOV. 24, 1961
5. SEX FEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7. MARRIED	8. DATE OF BIRTH  MARCH 4, 1905  9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS lot besthdoy)  On yes.  Months Doys Hours Min.
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  **RETTRED CLERK**  C. & P. TELET**  3. FATHER'S NAME	1
AUGUST WEIDENHAN	ANNE ROHLEDER
	NFORMANT Address
	SS. MARGARET WEIDENHAN 200 4TH. AV
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED (TO) HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
	PERFORMED? YES NO D. (Enter noture of injury in Port I or Port II of item 18.)
	series received an injury in control restriction mean rec.
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State ctory, street, office bldg., etc.)
21. I certify that I attended the deceased fram	accurred at 950AM, from the causes and an the date stated aba ADDRESS (Street city or town, stole)  DATE SIGN  M.D. ADDRESS (Street city or town, stole)
NAME (Type) Y J LYK M A L J M )	2. Dalture 25 109 .
20. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CATHEDRAL	R CREMATORY 22d. LOCATION (City, town, or county) (Stole)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
H.W. MEARS & SON 805 N. CALVER	T ST. DATE NOV 2 7 '61 Chilling S. Kraus

THE RESIDENCE OF THE PROPERTY 

VR A15 (4) 15M 9/59

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF D a. COUNTY		Arun	del	MAR	YLAND	2. USUAL RES a. STATE	Md.	nere deceased	lived. If instituti b. COUNTY	an: Resider	nce befo	re admiss	sian)
RURAL an	TOWN (If autside d give nearest tar	carporate lim	its, write	6 yrs		c. CITY OR	TOWN (If o	Charles C. F.	ate limits, write R	URAL and	give nec	arest tawr	n)
d. NAME OF		at in haspital,	give street	1 - 3 - 5	•	d. STREET	ADDRESS					e. IS RES	SIDENCE A FARM?
OK III.	or Institution Greenwood Rd.					1 15	Gree	nwood	Rd.				NO 🔣
3. NAME OF DECEASED (Type or prin	n) Na	thani	el .	Peter Middle	Watt		ttle	4. DATE OF DEATH	Mar Nov		Do 2	'	Yeor 19 6:
5. SEX Male		or or race Thite	7. MARE	RIED NEVER MARR		Aug.		379	9. AGE (In years last birthdoy) 82 yrs.	Manths	Days	Haurs	Min.
State	CUPATION (Give t of working life,	kind of wark even if retired ree R	dane 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHE	CO.,	ar foreign ca	untry)	12. CIT	US		COUNTRY?
13. FATHER'S N	AME				7 11	14. MOTHER							
	narles		ittl				Anni	e Wat					
15. WAS DECEA (Yes, no, or unknow NO	ASED EVER IN U.	S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO 14-05-103		r. C.	E. Wh	ittle	, Oden		, M	d.	
	RT I. DEATH WAS		6	0 0 0 uu	•	TU	Vou	009	15			ERVAL BE	ETWEEN DEATH
	ons, if any, whi se to immedia	DUE TO	-	oclevo	E,				Ovan	lr		2	
	stating the und	er- DUE TO	c)	Diseu	40								
CATIC	T II. OTHER SIGN	NIFICANT CON	NDITIONS (	CONTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFC	AUTOPSY ORMED?
20g. ACCIE OR CONTR (IF EITHER,	DENT WAS UNDER BUTING CAL	RLYING   ISE OF DEATH	20b. DES	CRIBÉ HOW INJURY	CCURRED	). (Enter noture	of injury in	Port I ar Part	II af item 1B.)				
9	o. m.	th, Day, Ye	While	NJURY OCCURRED Nat while	20e. PLA fac	ACE OF INJURY tary, street, affi	(Hame, farm ce bldg., etc	n, 20f. (City	ar town)		(Caunty)		(State
	ify that (I) (t decepsed ali			ded the deceased			19 ed at 4 a	M, fram	the causes ar				
22o. SIGN/	tell	In J	bre	ulil	,	M.D. ATTENDIN		ED. RECTOR [	STAFF PHYS.			11/3	26. DIATE SIGNED
22c. PHYSIC NAME		e lud	el.c	ravuba	25	22d. ADD	COO	90	aulu	. Do	. C	Klu	Pur
230. BURIAL, C BUILAT	REMATION, 23b (Specify)	11/5/	0F 61	Nichol:	1				ion (City, town,	MA.		(Sta	ite)
	IRECTOR'S SIGNA		-7	ADDRESS				D BY REGIST		STRAR'S S			
TODE	oing an	d Kir	Tel	, Glen Bu	arnie	e, Md.	DATE AN	001 0 76	31 0	Ilun I	Han	Ann	

The state of the s lo avel nu MENTE DE L'ANDRE DE L' NAME OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death ge 4 may be retained by the hospital or attending physician.

TO FURERAL DIRECTOR: After this certificate has been signed by the attending physician and completary filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 7/61

1)	PLACE OF DEATH  L COUNTY	O TITE OF		CE (Where deceased lived, I		before edmission)
	ANNE ARUNDEL	MARYLAND	MARYL.	AND	ANNE ARI	JNDEL
t	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	TH OF STAY IN 16	c. CITY OR TOWN (	If outside corporate limits, wri	te RURAL and give ne	erest town)
	ANNAPOLIS		/O ANNAPO	LIS		
(	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	street address)	d. STREET ADDRESS		- 0 - 3 UZB	a. IS RESIDENCE ON A FARM?
U	J.S. NAVAL HOSPITAL, ANNAF	OLIS, MI	. 106 Ch	esapeak Ave.		YES NO
	NAME OF First DECEASED	Middle	Lasi	4. DATE Mon	th Day	Year
-	(Type or print) MARGARET ANN WII	LIAMS		DEATH NOVE	MBER 29	181
5.	SEX   6. COLOR OR RACE   7. MARRIED   NEV	ER MARRIED   8.	DATE OF BIRTH 187	9. AGE (In year last birthday)		IF UNDER 24 HRS.
H	MALE CAUCASIANWIDOWED TE	DIVORCED	2 DEC 787	87 yrs.	Months Days	Hours Min.
Oa.	. USUAL OCCUPATION (Give kind of work   10b, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Cour	ity & Stete, or foreign country	) 12. CITIZEN OF	WHAT COUNTRY
dor	ne during most of working life, even if refired) HOSEWIFE		ANNE ARU	NDEL, MARYL	AND U.S	2
3.	FATHER'S NAME		14. MOTHER'S MAIDEN		LIVID U.L	) •
	JOHN HENRY BRANZELL	A A TOP A	HECHED	COST TOTAL MARK		
		ECURITY NO.   17. II	HESTER	ANN WOLLFOR	7 7 3	111
	s, no, or unkown) (If yas give wer or dates of service)	m	. CARROR	dervast.	state to	elage.
Т	NO 18. CAUSE OF DEATH (Enter only one cause per line for (a),	m	s court of	2011 Cy WIL	LINTÉ	RVAL BETWEEN
1	DART I DEATH WAS CALISED BY		10 x2007	- 0 +-		ET AND DEATH
1	IMMEDIATE CAUSE (a)	troin (	170505	El		minuce
ı	720.0 DUE TO	1 .	7 . 0.	. 1 0		7 (2 (0 000)
ı	(b)	ession	rue me	w owned	re	- Oyeur
1	gave rise to immediate cause (e), steting the underlying DUE TO					/
ı	cause last. (c)					
; [	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE TERM	NAL DISEASE CONDITION GI	VEN IN PART 1(a) 19	. WAS AUTOPSY PERFORMED?
1	DURFINIA - CONGI	92thu	Hower &	allun.	Y	ES X NO
TO LOUIS OF THE PARTY OF THE PA	208. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW	W INJURY OCCURED.	(Enter natura of injury in	Pert I or Pert II of item 1B.)		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
-	20c. TIME OF INJURY Month, Day, Yeer   20d. INJURY OC		CE OF INJURY (Home, farr		(County)	(State)
	Hour e.m. While Not V	Vhile facto	ory, street, office bldg., etc	.)		
	p. 110		NOW CE	1067 . 20 NO	167 167 11	. (1) 4==> 1==
	21. I certify that (I) (this hospital) attended the					
	saw the deceased alive on 29 NOV19	6.1, and that	death occured at	M, from the causes	and on the dat	e stated above
İ	220. SIGNATURE			MED. STAFF		SIGNEL
ļ	a guerra	м.	D. PHYS. 22d. ADDRESS	DIRECTOR PHYS.	2	9NOV61
1	22c. PHYSICIAN'S NAME (Type)	TIONID.		MAT HOODEMA	T A NINI A TO	OTTO M
		USNR		VAL HOSPITA		OLIS, M
3a	ENOVAL (Specify)	ME OF CEMETERY	OR CREMATORY	23d. LOGATION (City, 1	own or county)	Stoto
1)	Sural 12-2-1961 (20	lar Ille	-1-1	Umaj	soles	The
14/	PHINERAL DIRECTOR'S SIGNATURE	DRESS LO	- 400 / 25a. RE	C'D BY REGISTRAR 256. R	Carthur S. Kro	
				DEC 5 '61		

MARYLAND STATE DEPARTMENT OF HEALTH

E.S. Havel Hoseltat, annaly at 100 Chemenes ave. ANTA LICENSE, NACTURAL STATE Towns to the Manager of the said of the sa THE SEASON OF TH BEYER S. VERNER'S MORREY VILLE WAR STREET AUGRETAL; AUGREOLES, MO. 

	MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL' CERTIFICATE OF DEATH	TIMORE 1, MARYLAN
12220	CERTIFICATE OF DEATH	12200
CE OF DEATH	2. USUAL RESIDENCE (Where deceased live	ed, If institution, Residence before

o. COUNTY.  Anne Arundel Maryland	a STATE	yland	COUNTY Anne A	
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b		(If outside corporate limits		
write RURAL and give nearest town) Annapolis	Ann	apolis		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE
Anna Annadal Cananal Hagnital	1 1501 Fo	rest Drive		YES NO XX
Anne Arundel General Hospital	Last		Month Day	Yeer
DECEASED (Type or print)	TTOOD	OF DEATH NOVE	70	10 63
J. Harry	WOOD , DATE OF BIRTH	14046	mber 17	19 <b>61</b> IF UNDER 24 HRS.
7. MAKRIED   NEVER MAKRIED	. DATE OF BIRTH	last birth		Hours Min.
	ecember 23,	1002	yrs.	L LINE AT COUNTY
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (Cou	nty & State, or foreign co	antry) 12. CITIZEN C	OF WHAT COUNTRY?
Ret. Bookkeeper General	Maryl	and	U.	S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN	INAME		
Joseph S. Wood	Morra	Cooper		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	NFORMANT	Acober	d dress	
(Yes, no, or unkown) (Ifyesgivewarordatesofservice)  no 215 07 00/.9 Mrs	Tammadaa	D	.1.4	" -
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	. Lorraine	Brodeur- Dau	gnter-same	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CFREBRAL 7.	HPAM RA	515	ON	SET AND DEATH
7221	111001100	22		DIFYS_
334 X DUE TO				
Conditions, if any, which gave rise to immediate cause				
(e), stating the underlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITIO	N GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
LAC				YES NO XX
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. ACCIDENT WAS UNDERLYING OP. CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in	Part I or Part II of item 18	.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, far		(County)	(State)
nour e.m.	ory, street, office bldg., et	c.)		
	Mossil 71.	1067 . No.	747 10 67	1 - 1 (1) (3%) 1- at
21. I certify that (I) (XXXXXXXXXXII) attended the deceased from				
saw the deceased alive onNov16,19.61., and that	death occured at.	M, from the ca	uses and on the d	
22a. SIGNATORS	ATTENDING_	MED. STAFF		226. DATE SIGNED
O QUIANTILLO M	I.D. PHYS. XIX	DIRECTOR PHYS.		1/17/6/
NAME (Type) Edward & Dools M D	22d. ADDRESS	lin Ct Ann	analia Md	//
NAME (Type) Edward S. Beck, M.D.	/T LLauk	lin St., Ann	raports, mu-	
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (C	ty, town or county)	(State)
Burial Nov. 20,61 St. Anne's Ce	emetery	Annapolis,	Maryland	
24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS		C'D BY REGISTRAR 25	b. REGISTRAR'S SIGNA	
Hopping Funeral Home Annapolis, Maryla	and DATE	MUY 2 U 01	Cathur S. H	earth
11.0	104.4			

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. T. A 90/F

Adverd 5. 1028, N.D. The Printing St., Ambredle, Md.

Burial Nov. 20,63 St. Amela Consterv Enrapolis, Murcland

backvert, silearna ero tareau ai o

# filled in by the funeral Pages 1 and 2 should within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 death age 4 may be retained by the hospital or attending physician. S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12224 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
e. COUNTY A A CO MARYLAND	a. STATE M. COUNTY A A CO
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL and giva nearest town)
write RURAL and give neerest town) CHURCHTON LIFE	X CHURCHTÓN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	, d. STREET ADDRESS   e. IS RESIDENCE
	ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month Day Year
OBERT NORWOOD	WOOD DEATH NOU 15 19 61
	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male   White   WIDOWED   DIVORCED  -	JAN 28, 1894 lest birthdey) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FARMER	CHURCHTON, Md USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard FITZHUGH WOOD	CAROLINE SIMMONS
	INFORMANT Address
(Yas, no, or unkown) (If yes give wer or detes of service) 2/8-36-2947	
18. CAUSE OF DEATH [Enter only one causa per lina for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	clusion
DUE TO	
Conditions, if eny, which \ (b) Wilmany and	try duciase
geve rise to immediate cause	2004
(a), stating the underlying DUE TO	111th
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)   19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO
208. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH	. (Enter natura of injury in Pert I or Pert II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
nour a.m.	lory, streat, office bldg., etc.)
	, 1940 to WY . 15 , 161, that (I) (we) last
	death occured at I.I.P.M., from the causes and on the date stated above.
	death occurred at I.I.fm, from the causes and on the date stated above
228. SIGNATURE	ATTENDING MED. STAFF SIGNED
NIII III	DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	Lethian md
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Steta)
REMOVAL (Specify) Nov18 1961 ST JAM.	ES TRACYS, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
TA Haralestert Son Galasville, Vi	DATE NOV 2 7 '61 Outhur S. Kroue
and the state of t	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deather age 4 may be retained by the hospital or attending physician.

TO FONERAL DIRECTOR: After this certificate has been signed by the attending physician and complement filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages, Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours effer deeth. within 24 hours after The law requires that the death certificate be executed

VR A1S (4) 15M 7/61 D

# MARYLAND STATE DEPARTMENT OF HEALTH

VISION OF STATISTICAL R	ESEARCH AND RECORDS, 301 W. PRESTON S	TREET, BALTIMORE 1, MARYLAND
12225	CERTIFICATE OF DEATH	12211

1.	PLACE OF DEATH	н			2	. USUAL RESIDEN	CE (Where			ence before	edmission)
		Lobert one		MARYLAN	ID I	a. STATE Maryl	and	Anne A	rundel		1
	b. CITY OR TOWN	me Arundel (if outside corporate limi	ts,	c. LENGTH OF STAY IN		c. CITY OR TOWN (				e nearest to	wn)
		d giva nearast town)		12 vrs.		10 Annap	olie				198
	d. NAME OF HOSPI	napolis	if not in hose	pital, giva straet address)		d. STREET ADDRESS	0112			a. IS I	RESIDENCE
						1		04			A FARM?
-	Anne Art	indel Genera	al Hos	pital		Just Last	HOBILI 4. DAT	Street  Month	Da Da		-
1 "	DECEASED (Type or print)			-			OF				
		Vern		Lee		Wood	DEA	THNovembe:		. 19	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	] 8. [	ATE OF BIRTH		9. AGE (In years last birthdey)	Months Days		R 24 HRS.
	Male	White	WIDOWED	DIVORCED [	F	eb. 9, 18	92	69 yrs.			
10	a. USUAL OCCUPAT	TION (Give kind of working life, even if retire	10b. KI	NO OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Cour	sty & State,	or foreign country)	12. CITIZEN	OF WHAT	COUNTRY
1	Barber	sking me, even il tente	se.	lf-employe	d	Virginia	1		U.	S. A.	
13	. FATHER'S NAME				1.	. MOTHER'S MAIDEN					
	James N	ewton Woo	Б			Mary Susa	n Bu	rner			
15	. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES?  -16.	SOCIAL SECURITY NO.		ORMANT	22 2500	Address			
(A		If yes give war or dates of s	ervice)		Mma	. Nellie	MeGo	Trong Fre	nt Bor	707	77.0
-	NO I	DEATH (Enter only one	cause per li		LIT. 2	• MeTTTE	MCGO	veill - I.c.		NTERVÁL BI	TWEEN
		H WAS CAUSED BY:	Ain		11	- +1	/	1.		DISET AND	DEATH
		IMMEDIATE CAUSE (e)	WI	secure!	//	ear y	acc	un		100	
	023	DUE TO	1	1/		me h.				11	
	Conditions, it an		Lu	ree TX	car	1 60	ence	c _	4	10 19	r.
	(e), stating the	DITE TO								,	
	causa last.	(c)									
Z	PART II. OTHE	R SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BU	T NOT	RELATED TO THE TERMI	NAL DISEA	SE CONDITION GIV	EN IN PART 1(a)	19. WAS	
ATTON	100									YES T	ORMED?
S	20a ACCIDENT W	AS UNDERLYING	20h DESI	CRIBE HOW INJURY OCC	LIRED. (	nter nature of injury in	Pert I or Pe	ert II of item 18.)			
ERT	OR CONTRIBUTING	CAUSE OF DEATH	100. 010.	CHIEF HOW HOOK! O'CO				,			
1				NAME OF TAXABLE PARTY.	BLACE	OF BUILDY /II	1 201 /	City or town	(County)		(State)
MEDICAL	20c. TIME OF INJU	JRY Month, Dey, Ye	er 20d. I While			OF INJURY (Home, fars , straet, office bldg., etc		City or town)	(County)		(31816)
ME	p.m.	19	at work				1				
	21. I certify	that (I) (this hospi	tal) attend	ded the deceased fr	om	1557	19	to 11 - 4	-4, 19.4	, that (I)	(we) las
	saw the decea	/		8 19C/ , and							
	22a. SIGNATURE	1 /	11	0							b. DATE
	112	willent	with	4	M.D.	ATTENDING PHYS.	M <del>ED</del> . Director	PHYS.			SIGNE
	22c. PHYSICIAN'S		-	1	M.D.	2234 ADDRESS					
	NAME (Type		In S/	FIPIFY		Monn	1	-11:11	mil	1.2:	5-4
-		11/1/1/1	700	23c. NAME OF CEMET	EDV OR	CDEMATORY	1200	OCATION (City, to	we or county)		State)
23	REMOVAL (Specify		103	23c. NAME OF CEME	ON	CREMATORT	200.	CATION (City, 10	) A	1	, Julie /
	Burs	11/28/0	5/	0-100/10	7	cep	107	sont 10	angol	0	dr
2	FUNERAL DIRECTO	R'S SIGNATURE	wo	MUDRELLIN	2	25a. RE	C'D BY REG	0 - 4	GISTRAR'S SIGN		
	10.11/	1-1/6		7- TORON	0	Mar DATE N	UY Z I	01 0	rilun S. Fl	Lalle	

11861 Transports 12 year AZ Loga un'A Jeneral Street Anna rounded terraret forent enna Vermon & Lon 14.8.0 reo Luravolos antigi. . 22

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the may be retained by the hospital or attending physician.

TO ENERAL DIRECTOR: After this certificate has been signed by the attending physician and company filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 hours after death. VR A1S (4) 1SM 7/61

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		ARYLAND STATE D RESEARCH AND RECORD CERTIFICA	s, 301 W. PR	ESTON STREET,	_	, MAR	YLANE	RESIDENN A FARRING NO DER 24 HR
ACE OF DEAT COUNTY	Anne Arunde	l maryland	e STATE	DENCE (Where decees	b. COUNTY		unde]	
CITY OR TOWN write RURAL an Annap	(if outside corporate limits, of give nearest town)	c. LENGTH OF STAY IN 16		WN (If outside corporate  RURAL - Ode		and give r	eerest tow	in)
	el General Hos	in hospital, give street address)	d. STREET ADD	ander Trail	er Park			A FAR
AME OF ECEASED ype or print)	First George	Middle	YOFON	4. DATE OF DEATH	Month November	Day	Yeer 19	
x le	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED 8	Sept.		GE (In years IF UNDE th birthday) Months yrs.		IF UNDER Hours	
USUAL OCCUPATE during most of w	TION (Give kind of work orking life, even if retired)	Own business		(County & State, or forei		II.S.	A .	TOUNT

b. CITY OR TOWN I	(if outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	(If outside corporate	limits, write R	URAL and give I	neerest tow	n)
Annap		20 min.	RUR	AL - Ode	nton			
d. NAME OF HOSPI	ITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS			1111-0-12		ESIDENCE A FARM?
Anne Arund	el General Hosp	ital	Marylan	der Trail	er Parl	c		NO K
3. NAME OF DECEASED	First	Middle	Låst	4. DATE	Month	Day	Yeer	
(Type or print)	Coorse		YOFON	OF DEATH	Marrowk	per 14	19	67
S. SEX	George	DIED TO LEVER 14 ADDIED 1 8	DATE OF BIRTH	19 AC	Novemb	UNDER 1 YEAR	IF UNDER	24 HRS.
Male	6. COLOR OR RACE 7. MAR WIDO				birthday) N	Aonths Days	Hours	Min.
		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Cour	nty & State, or forei	gn country)	12. CITIZEN O	F WHAT	OUNTRY?
Roofer	orking life, even if retired)	Own business	Dayto	n,Ohio		U.S.	Α.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN			0.0.	22.	
	John Yofon		Minnie	(unkno	own)			
		6. SOCIAL SECURITY NO.   17. II	NFORMANT		Address		-	
(Yes, no, or unkown) (	If yes give war or dates of service)	Ste	ve Yofon, M	arvlande	r Trai	ler Par	k. 0d	enton
	DEATH [Enter only one cause pe		201011,	ar Jamac.	. 41 01.		ERVAL BET	
	TH WAS CAUSED BY:		mers.	Elan.			ISET AND	
11.13	IMMEDIATE CAUSE (e)	7 11000	7		"			
14	DUETO	2 40 1 10	0	. 2		1. 0.		
Conditions, if an	y, which	works and	les-vasur	as ()esea	40 6	sucra .	-8	
gave rise to immed	DI TILL		1					
(a), stating the u	inderlying	morand	al in	where	eve.	7		
-	R SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMI	INAL DISEASE CON	DITION GIVEN	N PART 1(e) 1	9. WAS A	UTOPSY
2	_						PERFC	RMED?
<u> </u>							YES	но ХХ
	AS UNDERLYING   20b. [	ESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in	Part I or Part II of it	em 18.)			
(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
3 20c. TIME OF INJU		5- 1	E OF INJURY (Home, fare		own)	(County)		(State)
20c. TIME OF INJU		nile Not While Tacto	ry, street, office bldg., etc	C+)				
	17		Morr 7/	1067	Now 1/	1067	1 . (1) 3	
	**	ended the deceased from						
saw the decea	sed alive onNOV.	14,19.61, and that	death occured at		causes an	d on the da		
22a. SIGNATURE	1/1/	1	ATTENDING 4:4	5 AM MED. S	TAFF		22b	. DATE
	11 1. Ca	M.	DUNC TV		HYS.	1	1/14/	61
22c. PHYSICIAN'S	CI .		22d. ADDRESS					
NAME (Type	A. T. Allen,	M.D.	62 Cather	dral St.,	Annapo	olis. Md		
23a. BURIAL, CREMAT		23c. NAME OF CEMETERY C		23d. LOCATIO				tate)
REMOVAL (Specify	)							
REMOVAL	11-16-61	St. Joseph's			10, II		TUDE	
24 FUNERAL DIRECTO		ADDRESS		C'D BY REGISTRAR				
Wm. Cook, I	nc., 1217 St.	Paul Street	DATENC	OV 1 7 '61	1 Chil	un & thou	4	

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